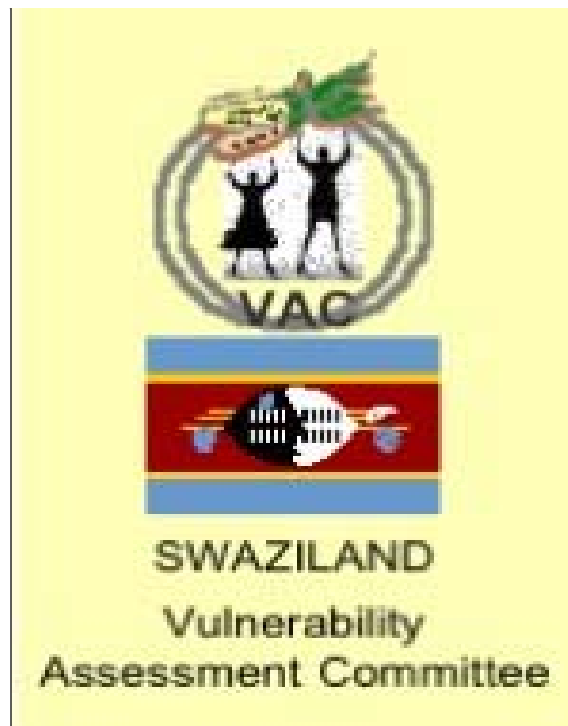




SWAZILAND
ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS
REPORT
JULY 2009



A - Highlights

- *Maize production for the 2008/09 agricultural season shows a slight increase, as a result of improved rainfall, particularly in the Middleveld.*
- *Reduced levels of food insecurity at the household level, as 256,383 people are expected to face a food deficit.*
- *Late onset of the rainfall season and early cessation, however cumulative rainfall received in some parts of the country was sufficient to sustain crop growth where planting was done on time.*
- *Downward trend in inflation rates and stability in commodity prices.*
- *Need to develop monitoring mechanisms of the Global Financial Crisis at both macro and micro levels.*
- *Strengthen emergency preparedness and response strategies to curb the spread of epidemic-prone diseases such as cholera, Influenza A (H1N1).*
- *Perceptions concerning service delivery across various sectors point at some shortcomings, which need to be addressed.*

B-Acknowledgement

Established in 2002, the aim of the Swaziland Vulnerability Assessment Committee (Swazi VAC) is to incorporate a unified and deeper understanding of livelihoods in emergency and development programming. Swazi VAC analytical outputs are aimed at informing policy decision-making at the highest levels of Government, local UN Agencies and NGOs. Over the years, the Swazi VAC has endeavoured to broaden the scope of livelihoods analysis and adopt a multi-sectoral approach.

The Swazi VAC recognizes the assistance it receives through the good coordination network that exists between the Constituency (Tinkhundla) Centres, Chiefs and their Councils in their respective communities. We are grateful to the Government of Swaziland, in particular the Deputy Prime Minister's Office, in ensuring that the Swazi VAC would be best positioned if housed within existing structures in that office.

The planning team constituted mainly of the Swazi VAC Core Team members. These are Mduzuzi Gamedze, Meteorology Department; Choice Ginindza, CSO; Nathie Vilakati, SC; Martha Motsa, WFP/Swaziland; Thembumenzi Dube, MCIT; Thulani Maphosa, UNICEF/SNNC; Vakele Gama, NEWU/MOA; Robert Fakudze, MLSS; Masitsela Mhlanga, MoH. The team works with key partners from UNAIDS, UNFPA/Swaziland, UNICEF/Swaziland and WHO.

Special thanks are due to all the women and men from the chiefdoms, who took part in the discussions and shared some aspects of their life experiences with us. We hope we have represented their situation accurately.

Our profound appreciation goes to the Swaziland Government and RHVP, who provided the bulk of the funding for this assessment. We also extend our gratitude to World Vision International, NERCHA, World Health Organization, UNICEF and UNFPA Swaziland Country Offices for their financial commitments to this year's Swazi VAC exercise.

Finally, we express deep gratitude to Eric Kenefick, WFP/Regional VAM Adviser OMJ for guiding the data analysis process to ensure that the results presented are credible for our stakeholders to utilize. The Swazi VAC also acknowledges contribution by stakeholders during preliminary results presentation, as well as the editorial support rendered by some of our partners.

Choice Ginindza
Chairperson
Swazi VAC

C – Executive Summary

The 2008/09 rainfall season enhanced agricultural production through the rains received in the latter part of the season. This resulted in a slightly increased output compared to the 2007/08 season, and a reduced number of households that will have food deficit. The current year assessment shows that an estimated **256, 383** people, amongst the rural population, will face food shortages. The decline in the rate of consumer inflation will also improve households' access to food, despite diminishing income opportunities due to reduced remittances, decline in employment and increased expenditure on other non-food requirements.

With the impact of the global financial crisis already being felt in the South African economy, to which Swaziland's is closely linked, it is important for this country to put in place monitoring mechanisms. While the shock has not been felt at household level, economic drivers already point to a somewhat negative future outlook. The industry specific impacts of the global crisis have resulted in job losses and thus the level of unemployment is expected to grow.

Factors of production have continued to be costly and the dependence on rain-fed agriculture is no longer a viable option for a sector that is considered a livelihood source for a significant proportion of the population. With developments aimed at improving the sector, such as the completion of the first phase of the Lower Usuthu Smallholder Irrigation Project (LUSIP), underway, it is anticipated that the output from the sector will improve. The potential of the Lowveld to produce food crops (particularly maize) all year round should be fully exploited to reduce the reliance on imports to meet domestic consumption requirements.

The emergence of health-related pandemics, such as cholera and swine flu, pose a great challenge to the Health Care system and might undermine the advances that have been made to improve service delivery. While the country has been concentrating efforts in fighting HIV and AIDS in the midst of food insecurity, the emerging challenges should not be taken lightly.

There is a need to continuously monitor basic service delivery to communities to ensure efforts directed at improving livelihoods are focussed where the need is greatest and where national priorities lie. Streamlining interventions by the various role players is essential to maximise utilization of the available resources.

D - Acronyms

AFASS	:	ACCEPTABLE FEASIBLE AFFORDABLE SUSTAINABLE SAFE
AIDS	:	ACQUIRED IMMUNE-DEFICIENCY SYNDROME
ANOVA	:	ANALYSIS OF VARIANCE
ART	:	ANTI-RETROVIRAL THERAPY
ARV	:	ANTI-RETROVIRAL
CFSAM	:	CROP & FOOD SUPPLY ASSESSMENT MISSION
CI	:	CONFIDENCE INTERVAL
CSO	:	CENTRAL STATISTICS OFFICE
DHS	:	DEMOGRAPHIC AND HEALTH SURVEY
EA	:	ENUMERATION AREA
EPI	:	EXPANDED PROGRAMME ON IMMUNIZATION
FANR	:	FOOD, AGRICULTURE & NATURAL RESOURCES
FAO	:	FOOD AND AGRICULTURE ORGANISATION
FEG	:	FOOD-ECONOMIC GROUP
FEWSNET	:	FAMINE EARLY WARNING SYSTEM NETWORK
FEZ	:	FOOD ECONOMY ZONE
GDP	:	GROSS DOMESTIC PRODUCT
GoS	:	GOVERNMENT OF SWAZILAND
HHs	:	HOUSEHOLD (s)
HIV	:	HUMAN IMMUNE-DEFICIENCY VIRUS
LZ	:	LIVELIHOOD ZONE (ALSO KNOWN AS FOOD ECONOMY ZONE)
MDG	:	MILLENNIUM DEVELOPMENT GOALS
MEPD	:	MINISTRY OF ECONOMIC PLANNING AND DEVELOPMENT
MoA	:	MINISTRY OF AGRICULTURE
MCIT	:	MINISTRY OF COMMERCE, INDUSTRY AND TRADE
MLSS	:	MINISTRY OF LABOUR AND SOCIAL SECURITY
MT	:	METRIC TONNES
NAMBOARD	:	NATIONAL AGRICULTURAL MARKETING BOARD
NEWU	:	NATIONAL EARLY WARNING UNIT
NGO	:	NON-GOVERNMENTAL ORGANIZATION
NHSP	:	NATIONAL HEALTH STRATEGIC PLAN
NMC	:	NATIONAL MAIZE CORPORATION
NMS	:	NATIONAL METEOROLOGICAL SERVICES
NVAC	:	NATIONAL VULNERABILITY ASSESSMENT COMMITTEE
PRSAP	:	POVERTY REDUCTION STRATEGY AND ACTION PLAN
RVAC	:	REGIONAL VULNERABILITY ASSESSMENT COMMITTEE
SADC	:	SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
SC SZ	:	SAVE THE CHILDREN SWAZILAND
SHIES	:	SWAZILAND HOUSEHOLD INCOME AND EXPENDITURE SURVEY
SMI	:	SWAZILAND MEAT INDUSTRIES
SNL	:	SWAZI NATION LAND
SPSS	:	STATISTICAL PACKAGE FOR SOCIAL SCIENCES
SWAZI VAC	:	SWAZILAND VULNERABILITY ASSESSMENT COMMITTEE
UNAIDS	:	UNITED NATIONS PROGRAMME ON HIV/AIDS
UNICEF	:	UNITED NATIONS CHILDREN'S FUND
UNCT	:	JOINT UNITED NATIONS COUNTRY TEAM
VAC	:	VULNERABILITY ASSESSMENT COMMITTEE
VAM	:	VULNERABILITY ANALYSIS AND MAPPING UNIT (WFP)
WFP	:	WORLD FOOD PROGRAMME
WHO	:	WORLD HEALTH ORGANIZATION

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1.0 Background and overview

1.1 Overview of national context

Pronounced drought conditions continue to recur in the country; erratic rainfall patterns, prolonged dry spells, high temperatures have all contributed to unsatisfactory agricultural production levels. These unfavourable conditions usually occur at critical stages of crop growth, and thus lead to poor harvests. According to the 2007 census, an estimated 78.9% of the Swazi population is rural-based. These derive their livelihood mainly from rain-fed subsistence farming and livestock rearing. In the past, remittances contributed significantly to rural household economies; however, with the decline in employment opportunities, attributable to reduced migrant labour and job losses in some sectors, these have reduced significantly.

High poverty levels (69%), increased commodity prices (including input prices) and the effects of HIV and AIDS have added to the already declining socio-economic conditions. In 2008, unprecedented commodity prices were experienced; some agricultural input prices rose by more than 50%. The resultant increase in the prices of food commodities inevitably reduced households' disposable income and saw a depletion in assets. The 2007 Swaziland Demography and Health Survey (SDHS) shows the national HIV prevalence rate at 25.9% for people aged between 15 – 49 years.

The forecasted **maize** production level for 2008/09 is **70,672** tonnes. This shows a slight increase compared to 2007/08, where production was **62,000** tonnes. Current domestic consumption requirement of maize, the staple food crop, stands at 113,000 MT, reflecting a shortfall of an estimated **42,328 MT**. This shortfall will be met through commercial imports and food aid.

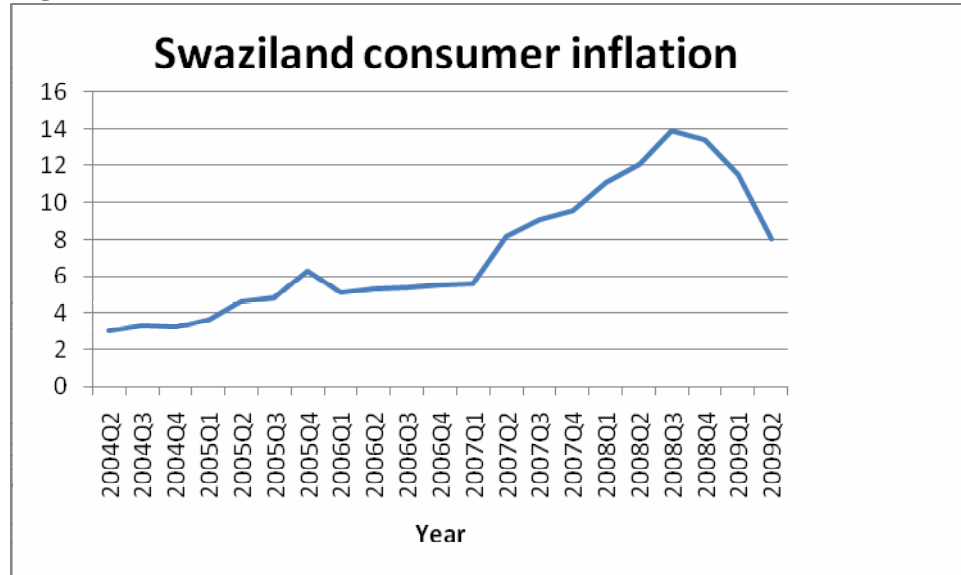
1.2 Economic Performance

Earlier projections had estimated the economic growth rate for 2008 to be about 3% (MEPD-Macroeconomic Division), but it turned out to be lower at 2.6%. The forecast for 2009 indicates a further poor performance growth rate of 1.9%. Projections for 2010 indicate an expected growth rate of 2.7%. The poor performance is attributed to factors including volatile oil prices, high costs of agricultural inputs, high energy costs for the manufacturing sector and the transportation of goods and services. The general hike in commodity prices and the cost of borrowing have also had an adverse effect.

There is the impending predicament of the global financial crisis, which poses challenges in terms of availability of measures to stimulate economic growth. Over the last quarter of 2008, the economic downturn deepened as financial markets in major economies tumbled. The overall implications of these developments have been reduced demand and declining investor confidence.

Since the last quarter of 2008, consumer inflation in the country has been on a downward trend and this is attributed to the stabilization of major commodity prices as shown in the figure below:

Figure 1: Swaziland Consumer Inflation



Source: Central Statistics Office

1.3 Agriculture

The contribution of agriculture to GDP has shown a slight decline from 8.9% in 2007 to 8.5% in 2008. However, the smallholder agricultural sector in the country remains the largest contributor to the livelihoods of the majority of the rural population. The majority of rural households on SNL grow maize, which accounts for 86% of the land under cultivation. Cotton production is also on the rise following the re-opening of Sikhulile Cotton Ginnery at Big Bend.

Land under maize production for 2008/09 stands at 52,445ha, which is a slight decline from that recorded for 2007/08, which was 60,355ha; however, this is slightly higher than that recorded for 2006/07, which stood at 47,990ha. The five year average of 52,806ha is still considered a bit low to meet sufficient production. Yields have shown an improvement from 0.996t/ha in 2007/08 to an estimated 1.381t/ha for 2008/09 due to favourable rainfall received in the latter part of the season.

1.4 Livestock

Livestock plays an important role in the production system and the livelihoods of smallholder farmers. Livestock condition is reportedly good, as no major disease outbreaks were pronounced. Livestock population, comprising cattle, goats and sheep on Swazi Nation Land (SNL) and Title Deed Land (TDL) as of 2007 stood at 637, 718; 480,444 and 18,770 respectively. In 2008, there was a slight variation in the number of livestock, with a decline in

cattle (618,620) and sheep (17,657); there was a slight increase in the number of goats, though, to 458,196.

Range: At the onset of winter, all natural veld types in the country dried up, but varied in nutritive value according to agro-ecological zones. Veld in the Highveld has become less palatable; pastures in the Middleveld, Lubombo and Lowveld range from fair to good in terms of nutritive value, and remain highly palatable.

1.5 Health

The Millennium Development Goals (MDGs) pertaining to poverty reduction and health improvement are closely related, reflecting the close relationship between ill-health, vulnerability and poverty. Many aspects of poverty have a negative impact on health and on access to effective health services. In turn, sickness and disability can affect the productivity of individuals, households and communities, making them more likely to fall into poverty or be unable to escape poverty for long periods.

In any country, a healthy society is the driving force behind economic development. In a recent IMF Health and Development Report, Bloom et al (2004) present evidence from various studies that suggest sizeable economic returns to better health: an extra year of life expectancy is estimated to raise a country's per capita GDP by about 4%.

Due to the effects of AIDS, Swaziland has seen a dramatic increase in morbidity and mortality. Infants' mortality rate is 85 deaths per 1,000 live births, and the under-five mortality rate is 120 deaths per 1,000 live births.

Maternal mortality is about 589 maternal deaths per 100,000 live births in Swaziland; that is, for every 1,000 births, about six women die of maternal causes (SDHS 2007). From 2006 to 2008, over 30% of all hospital admissions are attributed to conditions related to AIDS and tuberculosis (TB), and 75% of all outpatient cases had AIDS -related complaints.

Due to the effects of HIV and AIDS, the number of OVC is projected to rise to 200,000 by 2010 (National Plan of Action for OVC 2006 – 2010).

In addition to the critical preoccupying health problem of HIV/AIDS and MDR TB, the country has experienced cholera outbreaks, which were first reported in neighbouring countries, mainly Zimbabwe and some provinces in the Republic of South Africa, especially those that are sharing borders with Swaziland. The country experienced cholera outbreaks, with significant cases coming from the Lubombo region. In response, the Ministry of Health has developed a National Cholera Contingency Plan, which establishes an emergency preparedness and implementation framework for a multi-sectoral coordinated response.

A post-cholera outbreak assessment was conducted early in 2009 and the final conclusion was that some communities had insufficient or no access to safe drinking water and limited sanitation coverage. These were mainly in the rural areas and informal settlements. Such conditions are higher risk and susceptible to an outbreak. They deserve special attention for increased prevention efforts in order to reduce vulnerability.

Furthermore, the country is on high alert of human infection with a swine-origin influenza A(H1N1) virus that is transmissible among humans. The influenza was first identified in April 2009, with cases in the United States and Mexico. On 25 April 2009, the WHO Director General determined that the advent and rapid spread of the virus constituted a public health emergency of international concern. On 27 April, WHO raised the pandemic threat level from Phase 3 to Phase 4, and on 29 April, the WHO DG announced that the world had moved to Phase 5, reflecting sustained human-to-human transmission at the community level, in at least two countries in one WHO Region. This change to a higher Phase of alert is a signal to governments, industry and all partners in public health that pandemic preparations should be undertaken with increased urgency. Pandemic Phase 6 has been declared because of sustained human-to-human transmission at the community level in additional countries and WHO Regions.

The epidemiology and clinical presentations of these infections are currently under investigation. There is insufficient data available at this point to determine who is at higher risk for complications of the viral infection. However, adults and adolescents with HIV infection, especially persons with low CD4 cell counts, are known to be at higher risk for viral and bacterial lower respiratory tract infections and for recurrent pneumonia. Again, the Ministry of Health has developed a National Contingency Plan for multi -sectoral response.

2.0 Objectives and Methodology

2.1 Broad Objectives

The main objective of the Swazi VAC 2009 assessment is to evaluate levels of acute and chronic food insecurity and malnutrition.

2.2 Specific Objectives include:

- Identify share of households with inadequate food by region and livelihood zone.
- Understanding distribution of various vulnerabilities between food security, health vulnerability and malnutrition in Swaziland.
- Using the outcomes of household survey as a baseline for developing an inter-agency, multi-sectoral monitoring system in the country.
- Identify share of population with regular access to water from improved sources by seasons and by regions in all livelihoods/food economy zones.
- Identify share of population with regular access to sanitation facilities by season and by regions.
- Markets performance and commodity prices.
- Assess status of services provided to the rural populace.
- To establish the relationship between food insecurity and the impact of HIV and AIDS.

Survey methodology

The data collection was carried out in rural areas under all four regions of the country, using a comprehensive sampling design. This was done to cover all of the seven livelihoods/food economy zones within the country. A total of 130 enumeration areas were selected and for each, 10 households were interviewed. A total of 40 chiefdoms were visited for Focus Group Discussions. Two survey instruments were developed by the Swazi VAC Core Team. A Focus Group questionnaire was designed for the different socio-economic (wealth groups) interviews to cover a range of topics including: community structure, livelihoods, access to education, health services and markets. The household instrument contained modules on: household demographics, water and sanitation, food sources and consumption, household and productive assets, inputs to livelihood, expenditure, income sources, shocks and food security, women's health and nutrition, child health and nutrition. Training of field enumerators was conducted by the members of the Swazi VAC core team.

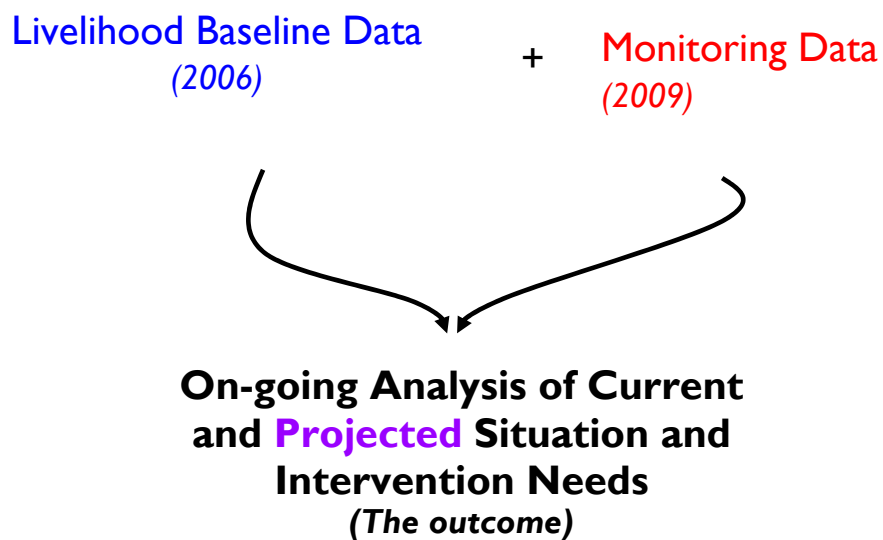
Data collection was done using Personal Digital Assistants (PDAs) for Household Interviews. Most of the analysis was done using STATA, SPSS, EPI Info and MS Excel, supported by regional staff from WFP. The statistical analysis was done by administrative regions (Hhohho, Manzini, Shiselweni and Lubombo) and Livelihoods Zones were mainly based on one-way analysis of variance (ANOVA). In some cases, composite indicators such as a coping strategy index, food consumption score and dietary diversity indices were developed.

For the convergence of sectoral information for vulnerability, two-step cluster analysis was used. This procedure is an explanatory tool designed to identify natural groupings (or clusters) of households within a data set that would otherwise not be apparent. The algorithm employed by this procedure allows for inclusions of both continuous and categorical variables and automatic choice of optimal number of clusters.

For the livelihood analysis, a problem specification was derived from the data collected from the Focus Group Discussions across all four wealth groups (Very Poor, Poor, Middle and Better-Off). The problem specifications were run on the Food Economy Group (FEG) analysis spreadsheet developed from the 2006 Baseline profile, to determine prevailing levels of food insecurity.

The analysis involved putting together two sets of information; Baseline Data and Monitoring data as shown below.

Figure 2: Survey Methodology



3.0 Sectoral Analysis

3.1 Rainfall Performance for the 2008/09 Season

Cumulative rainfall from the beginning of the season in August 2008 to April 2009 shows that the 2008/09 season received a rainfall total of 2,523mm, which is much below the long term average rainfall total of 3,249mm for the same period; and even less than that of last season's accumulated total of 2,775mm during the same period.

The rainfall received in the season has been generally below average for the October-November-December 2008 period, while the January-February-March 2009 period saw a significant improvement in rains received in most parts of the country, especially in the eastern parts.

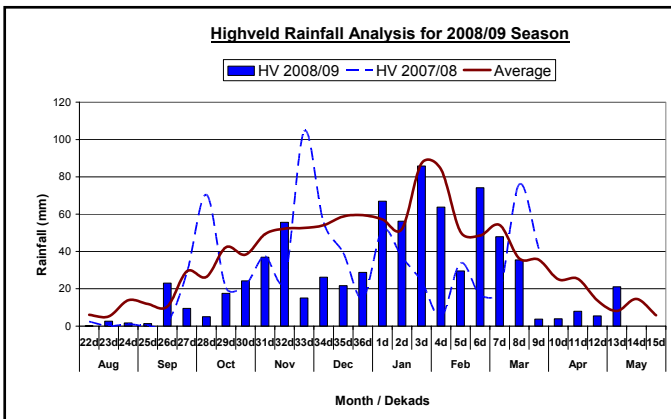


Figure 3: Highveld dekadal rainfall for the 2008/09 Season as of May 2009

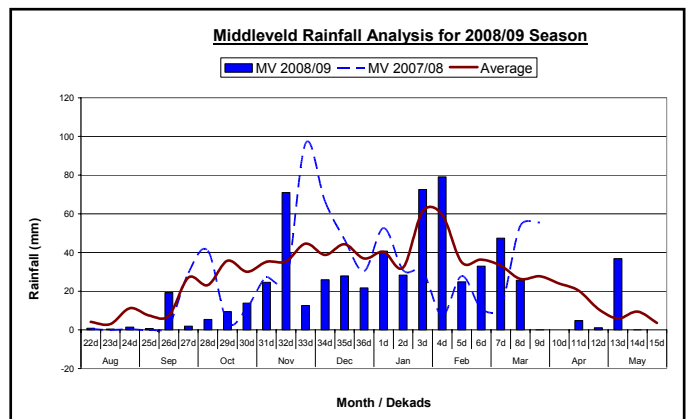


Figure 4: Middleveld dekadal rainfall for the 2008/09 Season as of May 2009

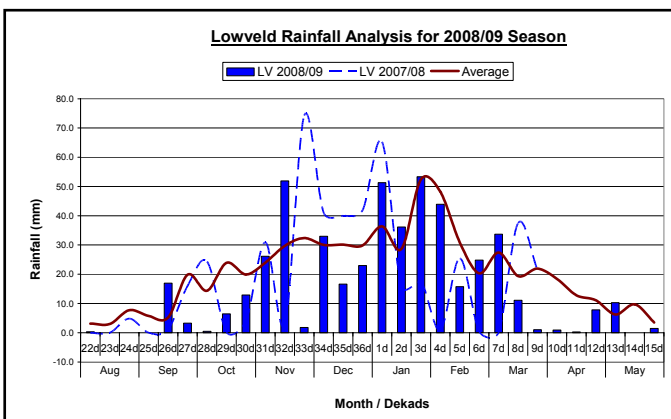


Figure 5: Lowveld dekadal rainfall for the 2008/09 Season as of May 2009

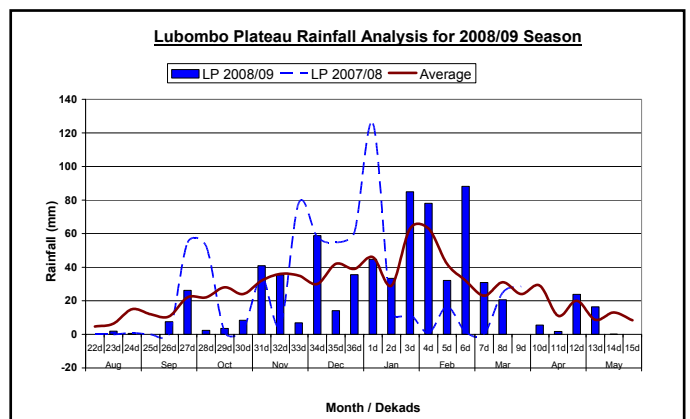


Figure 6: Lubombo Plateau dekadal rainfall for the 2008/09 Season as of May 2009

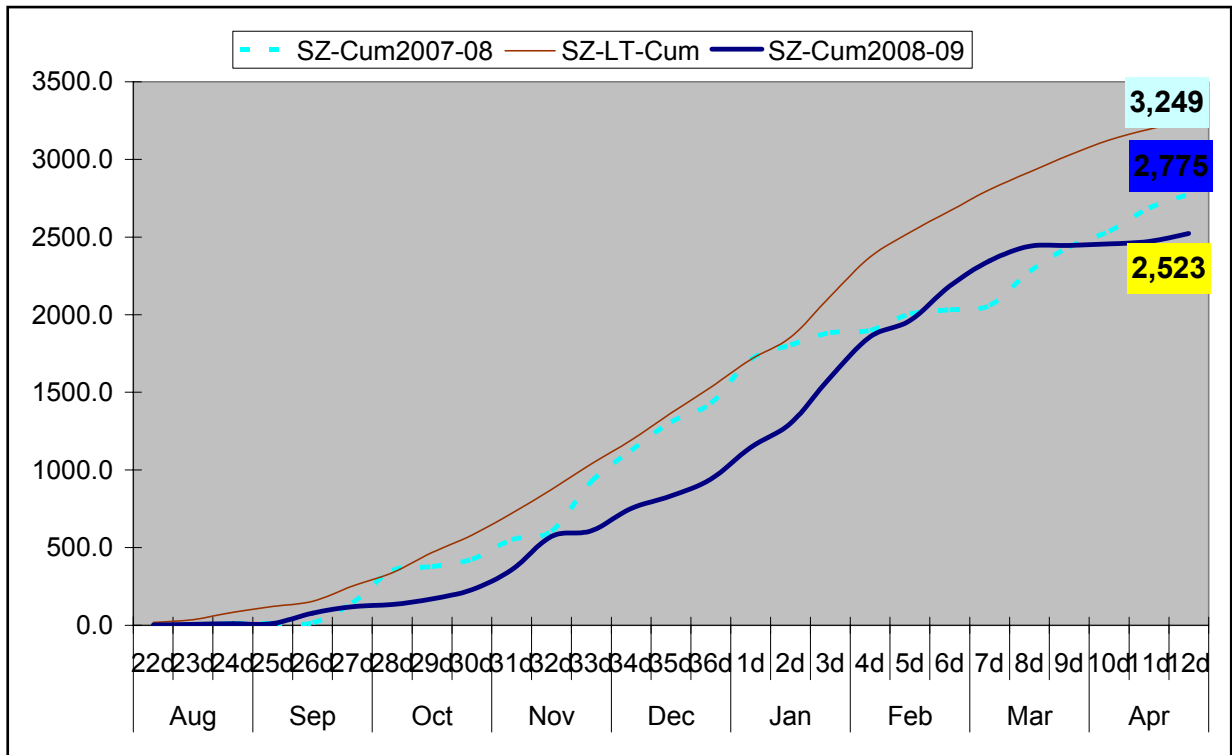


Figure 7: Cumulative rainfall for the 2008/09 season as of April 2009

3.2 Crop Production

3.2.1 Availability of Agricultural Inputs

Agricultural input prices remain prohibitively high to stimulate production. Reports show that the usage of fertilizer by farmers in the 2008/09 planting season ranged from poor to fair. This could be attributed to poor access to fertilizer by the farmers as a result of the price increases.

Draught Power: The demand for mechanized farming continues to increase and the Government Tractor Hire services do not seem to cope with the demand. Due to delays in accessing tractor services, some farmers are delayed in their planting operations. Essentially, farmers should utilize every opportunity at the onset of rains to maximize production. The government pool currently consists of 245 tractors. However, poor maintenance of the tractors greatly impedes their effectiveness, particularly at critical times in the ploughing season. Alternate draught power sources are oxen and donkeys.

Area Planted

For 2008/09, area planted under maize was 52,455ha, which is a decline from the previous season (60,355ha). The table below shows figures of the area planted under maize over the last five years.

Table 1: Area planted by agro-ecological zones since 2004/05

Season in hectares					
Agro-Zones	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Highveld	15 340	13 713	14 682	18 349	13 604
Middleveld	21 840	19 114	16 645	21 824	20 789
Lowveld	15 730	11 320	13 331	15 863	15 286
Lubombo	3 355	2 826	2 751	4 319	2 776
Total	56 265	46 973	47 409	60 355	52 445

Source: Central Statistics Office (CSO)

3.2.2 Overall Maize Production

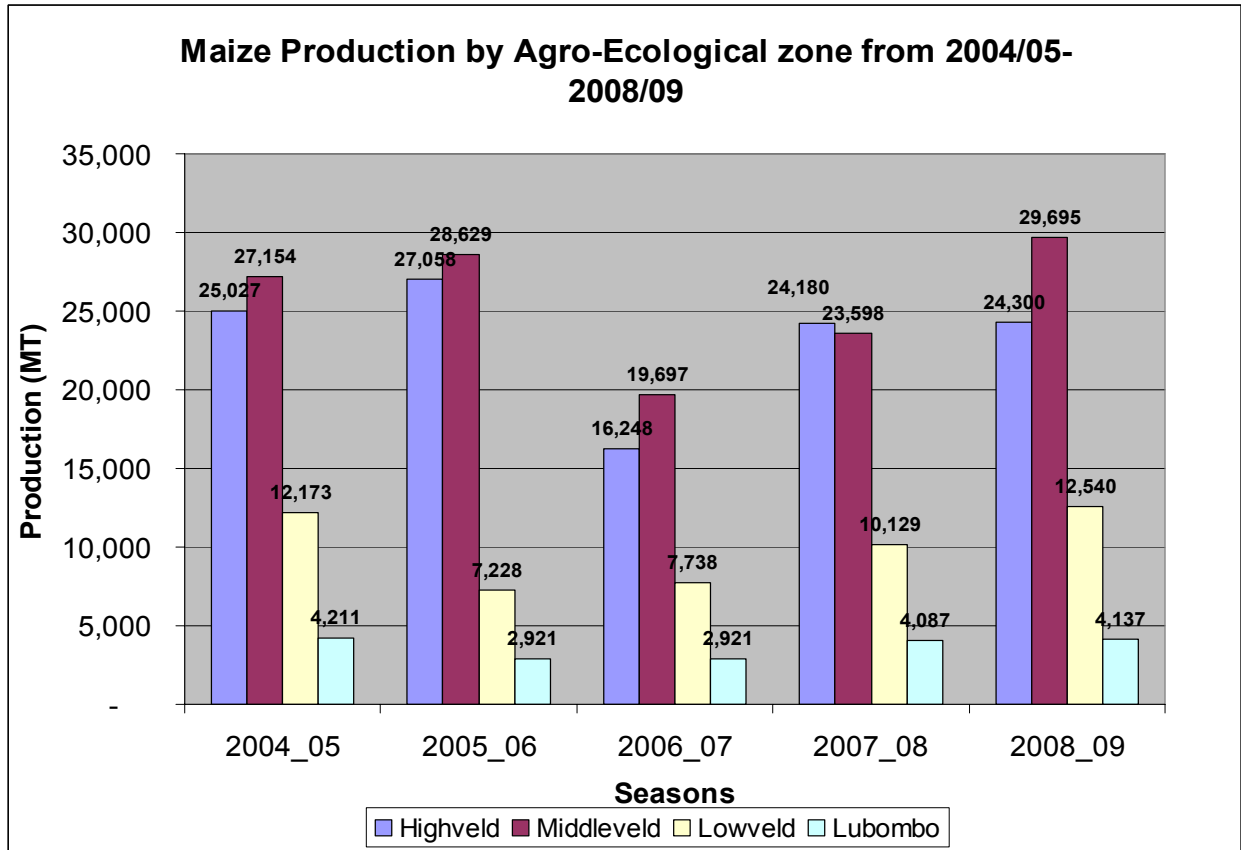
Production is a derivative of area planted and yields for a particular crop in a given season. Although area planted in 2008/09 depicts a decline when compared to the previous season, the case is not the same for yields. Yields derived from the Water Requirement Satisfaction Index (WRSI) show a slight increase for the 2008/09 season (Table 2 below).

Table 2: Average yields for agro-ecological zones in the 2006/07 and 2008/09 seasons

Agro-Ecological Zones	2006/2007 (t/ha)	2007/2008 (t/ha)	2008/2009 (t/ha)
Highveld	1.0737	1.3178	1.7862
Middleveld	1.1738	1.0813	1.4284
Lowveld	0.5804	0.6385	0.8204
Lubombo	1.0621	0.9464	1.4902
National	0.9725	0.996	1.3813

Source: National Meteorological Services

Figure 8 below shows maize production by agro-ecological zone from 2004/05 to 2008/09 seasons.



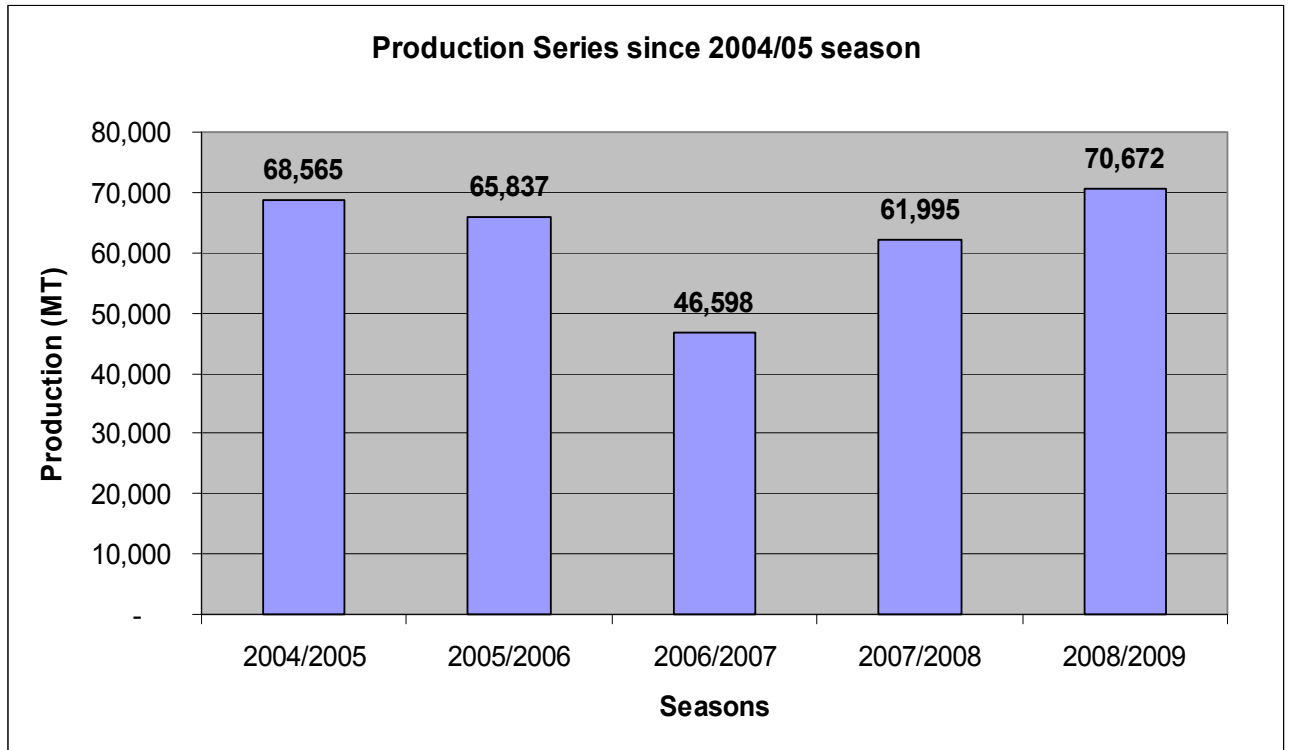


Figure 9: National maize production since 2004/05 to 2008/09 season (Source: N M S)

The current production forecast for 2008/09 of 70, 672MT reflects a **14%** increase from that of last season's production of 61, 995MT. However, a cereal supply gap still remains (Table 3 below). It is planned that this gap will be filled by imports and food aid.

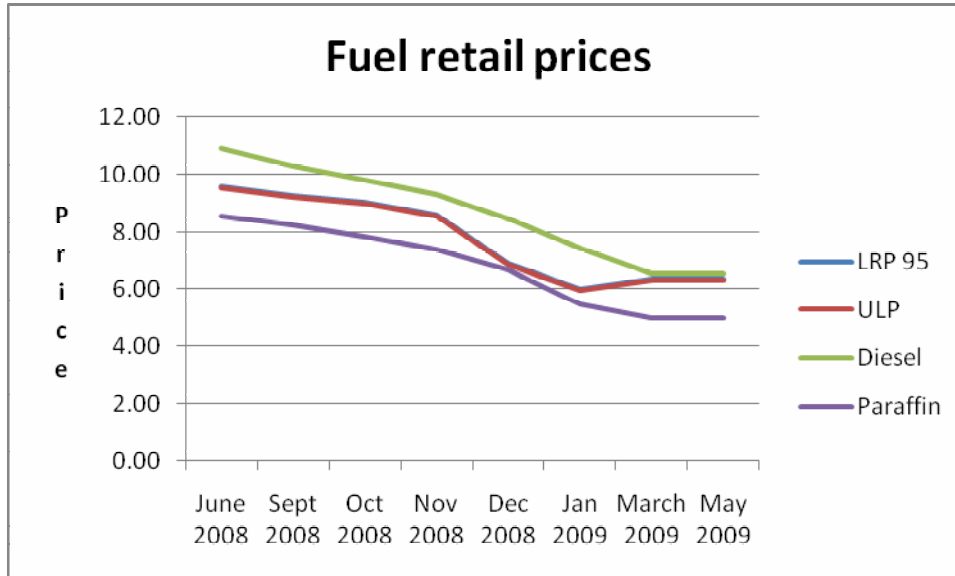
Table 3: Food Balance Sheet for the 2009/2010 Marketing Year as at 1st April 2009

Mid Year Population- 1, 078, 375	('000) Metric Tonnes			
	Maize	Wheat	Rice	Cereals
A. Domestic Availability	74	8	0	82
A.1 Opening Stocks @ 1st April	3	8	0	12
Formal/SGR	3	8	0	11
On Farm	0	0	0	0
Other	0	0	0	0
A.2 Gross Harvest	71	0	0	71
B. Gross Domestic Requirements	113	39	15	166
C. Desired SGR Carryover Stocks	2	4	1	7
D. Domestic Shortfall/Surplus	-40	-33	-15	-87
E. Commodity Cross Substitution	0	0	0	0
F. Imports	44	40	15	99
F.1 Received	0	0	0	0
Commercial	0	0	0	0
Food Aid	0	0	0	0
F.2 Expected	44	40	15	99
Commercial	40	40	15	95
Food Aid	4	0	0	4
G. Exports	0	0	0	0
Commitments Shipped	0	0	0	0
Commitments Not Yet Shipped	0	0	0	0
H. Import Gap	0	0	0	0
I. Forecasted Closing Stock	6	11	1	18
J. Current Stock @ 1st April 2009	0	n/a	n/a	0

3.3 Market Functioning and Performance

Food continued to be available through markets; and the phenomenal price increases observed in 2008 subsided slightly for some commodities. Compared to the same period (June) last year, fuel, the major driver for commodity price hikes shows a downward trend as depicted in the figure below:

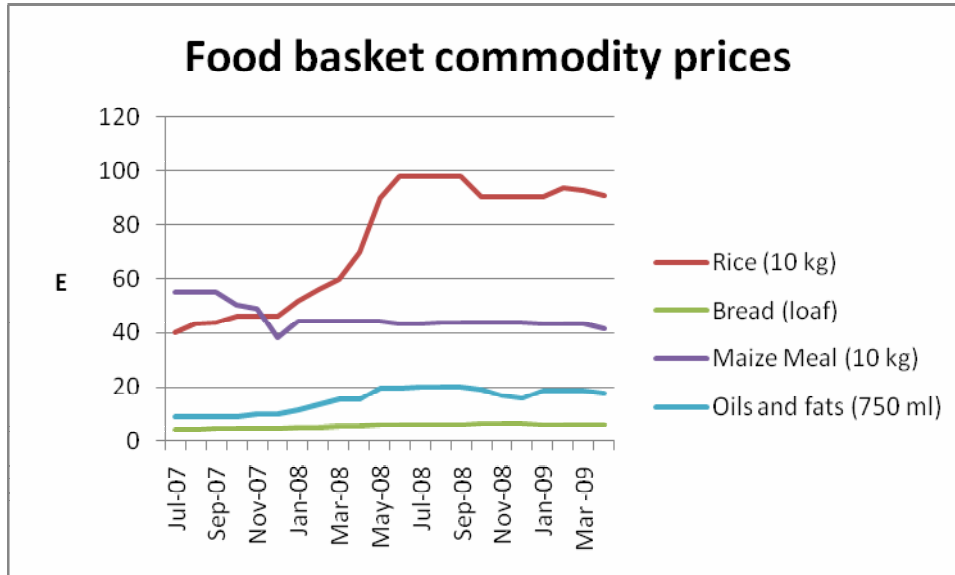
Figure 10: Fuel Retail Prices



Source: Ministry of Natural Resources and Energy, 2009.

Despite the decline in fuel prices, food basket commodities have not followed a similar trend, but have rather remained stable over the one-year period under review in most cases. This puts a strain on households that heavily rely on purchase for consumption. Production has also not improved mainly because of high cost of inputs and erratic weather conditions.

Figure 11: Food commodity price trends since July 2007



Source: Central Statistics Office, 2009.

3.4 Shocks

Over the last decade, the most prominent hazard to livelihoods has been drought. As a result of drought, production of maize and other crops of significance has been on a downward trend. During the current assessment, drought, once again, featured prominently, with over 80% of the respondents (sampled households) citing it as the major shock. To respond to the effects of drought, households had to rely on less preferred and less expensive food.

The high cost of agricultural inputs and prices of food was another shocking scenario to which households had to find coping mechanisms to sustain livelihood levels.

Since 2007, runaway dry season forest fires have caused devastation to forest plantations, pastures and, in some cases, fires have encroached into homesteads, destroying property. The forest industry is a major source of employment in the Highveld and Timber Highlands livelihood zones. Destruction of economic resources in these zones has negative consequences both for the industry and those who source their income from activities in these zones (VFP, Dube 2008).

4.0 Livelihoods Analysis

4.1 Problem Specification

In order to estimate the size of the population facing food or income deficit, data from Focus Group Discussions combined with data from secondary sources was used to determine the magnitude of the shock for each livelihood zone. Shocks affecting sources of food included;

- a) change in quantities of payment in kind (agricultural labour),
- b) access to food relief,
- c) changes in own food crop production and,
- d) access to school-feeding.

Similarly, shocks affecting sources of income considered comprised of the following;

- a) agricultural labour paid in cash,
- b) sale of own crop,
- c) self employment,
- d) sale of livestock and livestock products,
- e) petty trade and social grants.

In addition to the above, inflation (the changes on commodity prices) was also factored as a crucial determinant affecting food purchase.

4.2 National Outcome

The decline in population affected by shocks over the last three successive annual assessments, dating from 2007/2008 to 2008/2009 indicate improved resilience amongst rural households. The analysis also shows the relationship between intensity (severity) of shocks versus the population size considered to be vulnerable (see Figure 10 below). In essence, a relatively good harvest significantly reduces the number of people facing food deficit. It must, however, be acknowledged that this particular analysis has taken into cognisance a range of major shocks affecting people's access to food in the rural settings. These include; fall in crop production, limited access to employment, price increases of basic food, reduced income from sale of goods or products and reduced access to social grants or food assistance. The impact of all these shocks have resulted in **256,383** people facing food deficit as per the June 2009 annual assessment. However, further analysis indicate that the larger proportion of the food/income deficit population i.e., 142,204 are chronic food insecure, while 114,179 are acute food insecure.

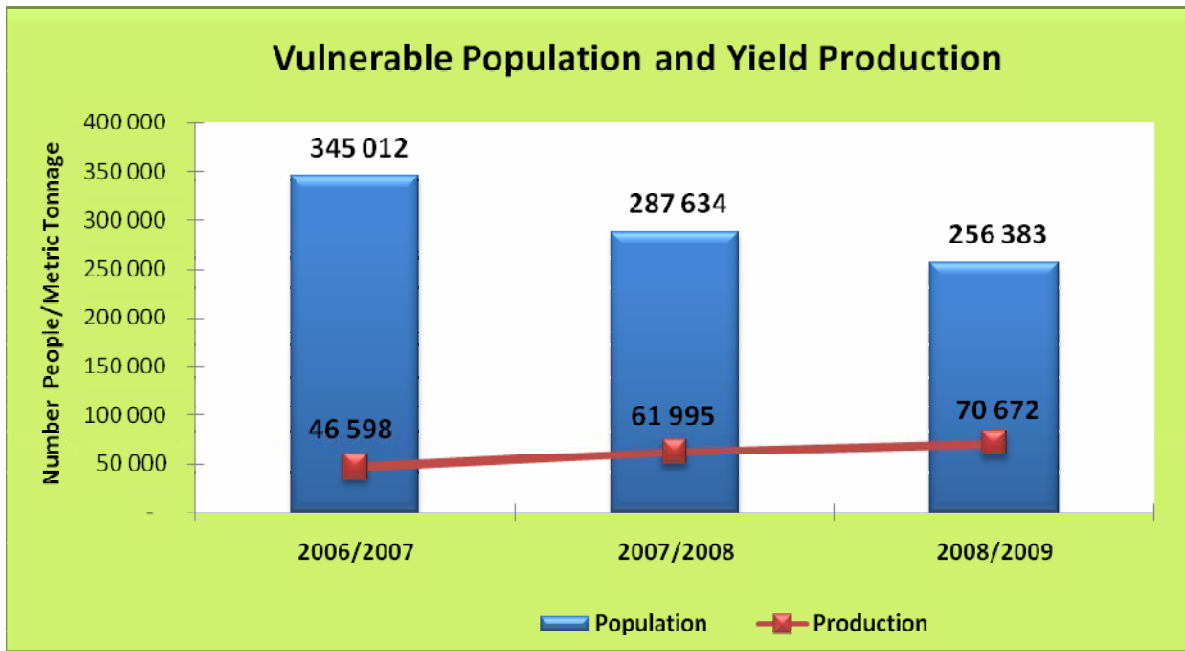


Figure 12

4.3 Regional Outcome

Amongst the four regions of the country, Lubombo has the highest number of people affected by the shocks (79,024) followed by Hhohho (67,008). Manzini and Shiselweni stand at 65,400 and 44,951 respectively. It must be noted that a significant proportion of the vulnerable population across the four regions comes from the drier parts of the country i.e., Dry Middleveld (57,611) and the Lowveld (121, 086).

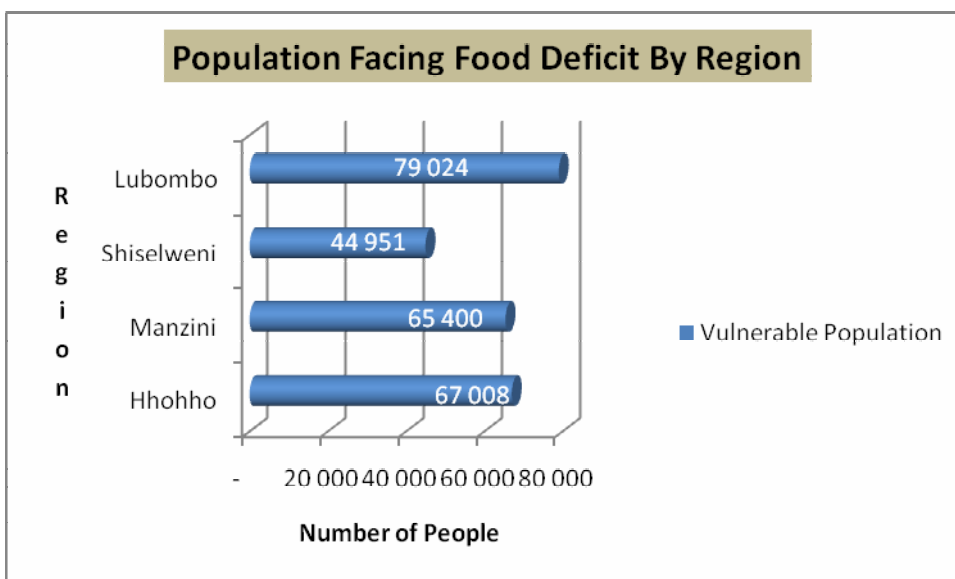
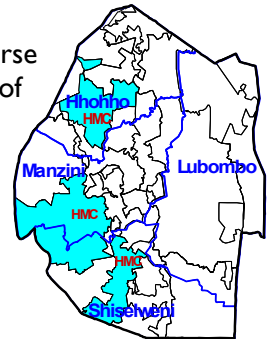


Figure 13

4.4 Livelihood Zone Outcome

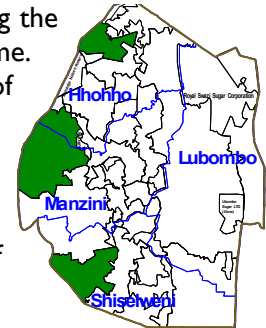
4.4.1 Highveld Cattle and Maize (HCM) Livelihood Zone

The HCM is generally food secure in a normal year. All wealth groups have diverse sources of food. Own crop production contributes significantly towards sources of food, ranging from about 25% for the 'Very Poor' to over 70% for the 'Better Off'. Similarly on the sources of income, all wealth groups have, at least, three different sources, with employment cutting across. The number of people impacted by this year's shocks that will experience food or income deficit is **27,907**. According to the analysis, all these people fall in the 'Very Poor' category.



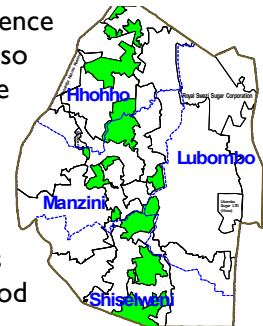
4.4.2 Timber Highlands (TH) Livelihood Zone

TH exhibits similar characteristics as HCM, with own food production reaching the same levels in a normal year. The significant difference is in the sources of income. TH heavily relies on employment, with the 'Very Poor' earning about 75% of their income from employment. Predominantly, people access employment from the timber industry. The 'Poor', 'Middle', and 'Better off' earn about 80% - 85% from employment. Given the good seasonal performance that enhanced own production and no fire outbreaks reported affecting timber, the analysis findings indicate no households facing food or income deficits as a result of shocks.



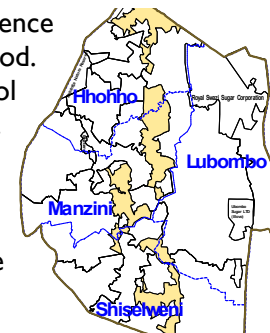
4.4.3 Moist Middleveld (MM) Livelihood Zone

The MM has comparable characteristics with both HCM and TH. The difference with MM is the significant reliance on purchase, while own production is also relatively high. The 'Very Poor' obtain up to 25% through purchase, while the 'Poor', 'Middle' and 'Better Off' get 30%, 40% and 45% respectively. Own production, as earlier mentioned, ranges from approximately 30% for the 'Very Poor', with a high of about 70% for the 'Better Off'. For income sources, all wealth groups have limited means. They mainly rely on employment and self employment. After considering all shocks affecting this zone, the 2009 analysis indicate that an estimated **8,007** people will face food or income deficit.



4.4.4 Dry Middleveld (DMV) Livelihood Zone

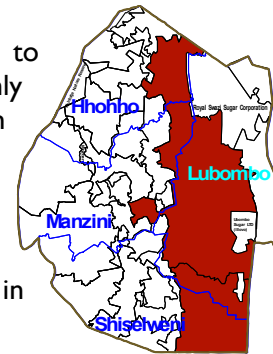
The DMV is normally a deficit production area even in a normal year, hence food aid, school-feeding and gifts play an important role as a source of food. For the 'Very Poor' and the 'Poor', a combination of food aid and school feeding contributes about 30% to each of the two wealth groups. Purchase and own production is also important for all wealth groups. Combined, they contribute about 50% for the 'Very Poor', 60% for the 'Poor', 75% for the 'Middle' and about 90% for the 'Better Off'. Given the past agricultural seasonal performance and the prevailing food price



inflation, the analysis results indicate an estimated **57,611** people facing food and income deficit.

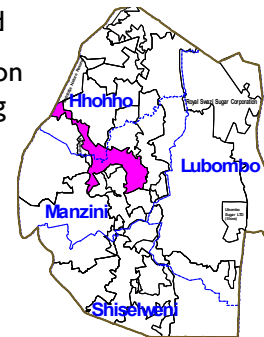
4.4.5 Lowveld Cattle and Maize (LCM) Livelihood Zone

LCM is also a deficit production area. Food aid contributes over 70% to sources of food for both the 'Very Poor' and 'Poor'. The 'Middle' mainly relies on a combination of food aid (25%), purchase (40%) and own production (20%). The bulk (75%) of sources of food for the 'Better Off' comes from purchase, followed by own production (25%) and livestock products. For sources of income, employment and self-employment contribute over 50% across all wealth groups. According to the 2009 analysis, shocks experienced over the past agricultural season resulted in about **121,086** people facing food or income deficit.



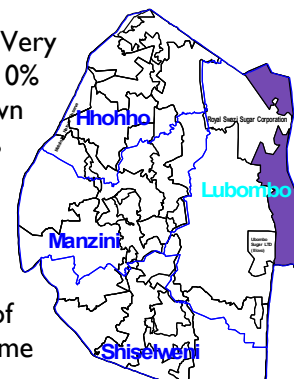
4.4.6 Peri Urban (PU) Livelihood Zone

All wealth groups in the PU zone mainly rely on purchase as a source of food in a normal year i.e., ranging from about 40% - 60%. Own crop production contributes about 20% to 40% for all wealth groups. Other contributing characteristics to sources of food include livestock production and payment in kind. Key sources of income are employment and self-employment, ranging from 90% for the 'Better Off' to 100% for the 'Very Poor'. The analysis indicate that shocks, particularly food price inflation, have resulted in estimated population of **38,327** facing food or income deficit.



4.4.7 Lubombo Plateau (LP) Livelihood Zone

Food aid contributes slightly above 20% to source of food for both the 'Very Poor' and 'Poor' wealth groups, while school-feeding contributes about 10% across all wealth groups. Other important sources of food include own crops, contributing about 20% for the 'Very Poor', 40% for the 'Poor', 50% for the 'Middle' and about 70% for the 'Better Off'. Payment in kind for the 'Very Poor' and 'Poor' stand at 40% and 20% respectively; while for the 'Middle' and 'Better Off', purchase contributes slightly above 40% for both wealth groups. For income sources, employment and self-employment contribute 85% - 95% across all wealth groups. The results of the analysis show that an estimated population of **3,445** face food or income deficit.

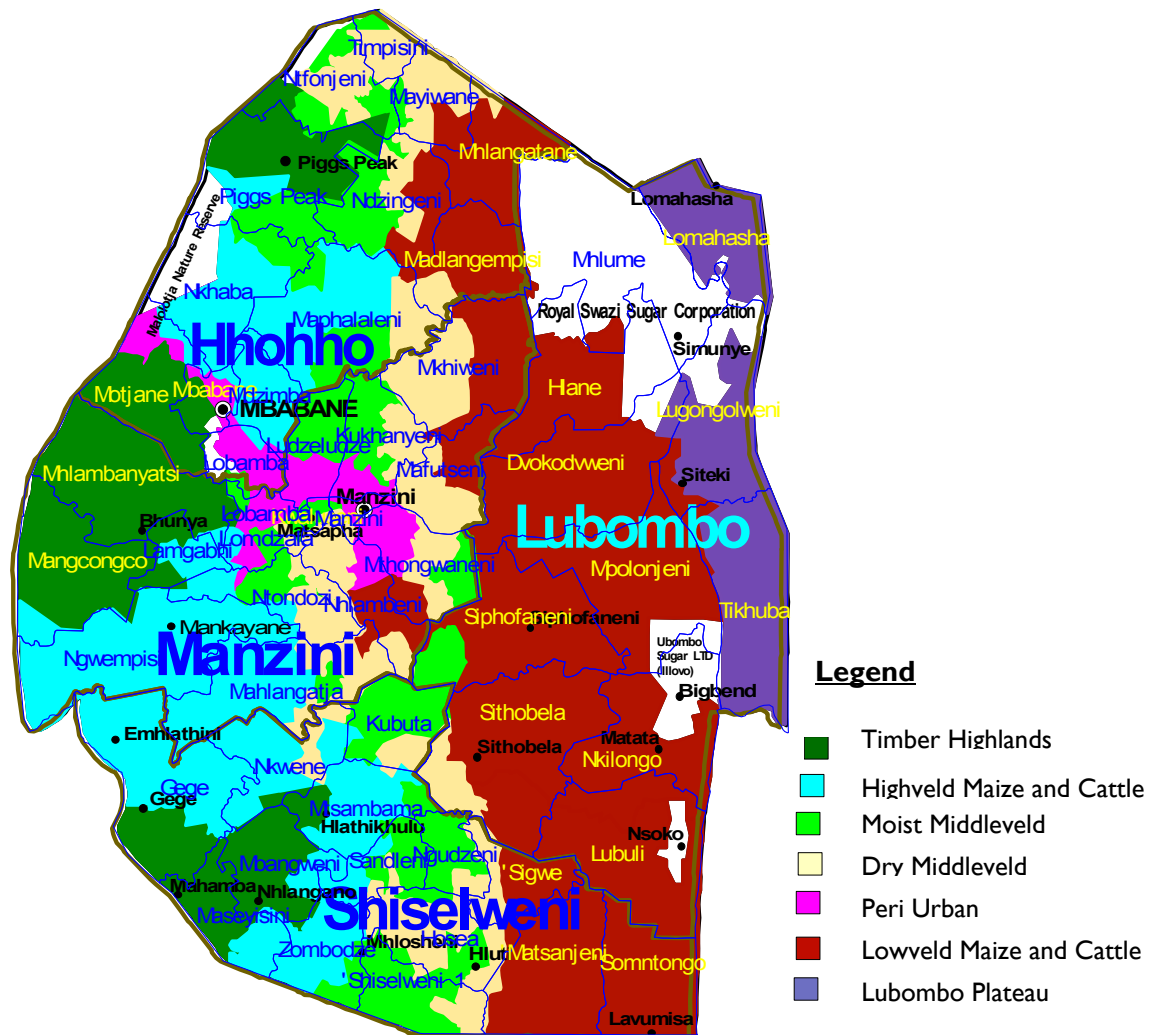


4.5 Summary of the Livelihood Zone Outcome

Table 4: Population Facing Income / Food Deficit by Region and Livelihood Zone

Region	HCM	TH	WMV	DMV	LVC	LBP	PUR	Total
Hhohho	6 246	-	1 967	19 554	21 706	-	17 534	67 008
Manzini	9 986	-	3 425	21 046	10 149	-	20 793	65 400
Shiselweni	11 675	-	2 454	14 505	16 318	-	-	44 951
Lubombo	-	-	160	2 506	72 913	3 445	-	79 024
Total	27 907		8 007	57 611	121 086	3 445	38 327	256 383

4.6 Livelihood Zone Map



5.0 Health, Nutrition, HIV and AIDS Cluster

5.1 Nutritional Status

Nutritional status is measured by three key indices that describe the nature and extent of malnutrition among children below the age of five years. The indices are weight for height, defining acute malnutrition (wasting) or alternatively use Mid Upper Arm Circumference (MUAC), height for age that is a chronic form of malnutrition (stunting), and weight for age, which is both a form of acute and chronic malnutrition, defined as underweight. VAC surveys have been using the WHO reference standards 2005 to analyse the annual trends of malnutrition since 2006.

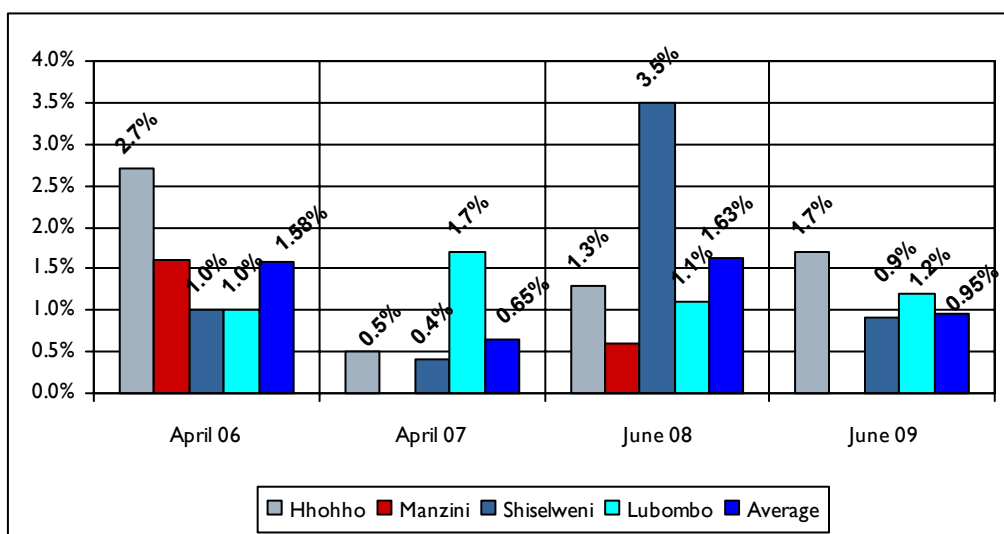
In the current study, over 600 children of six to 59 months of age were weighed and measured. Of these children, 49% were girls, with mothers available for only 73% of the children. Of the children measured in the study, 1.4% were maternal orphans, 7.5% paternal orphans and only about 0.3% double orphans.

5.1.2 Wasting

Trends of annual VAC assessments from April 2006 were generated by region. Wasting has proved to be low, averaging below two percent since 2006 to date. The trend also showed that there is no consistent trend in relation to wasting being an endemic problem to a specific region, but rather fluctuates throughout the years. Clearly, there has been no statistical difference between the regions, even in the occurrence of fluctuations of prevalence.

The table below shows that in 2009, the Hhohho region had the highest prevalence of wasting (1.7%), while the average across the regions was 0.95%. The Manzini region had approximately zero percent of wasting cases. This clearly underlines the fact that wasting has remained relatively low in the past years.

Figure 14: Wasting Trends by Region

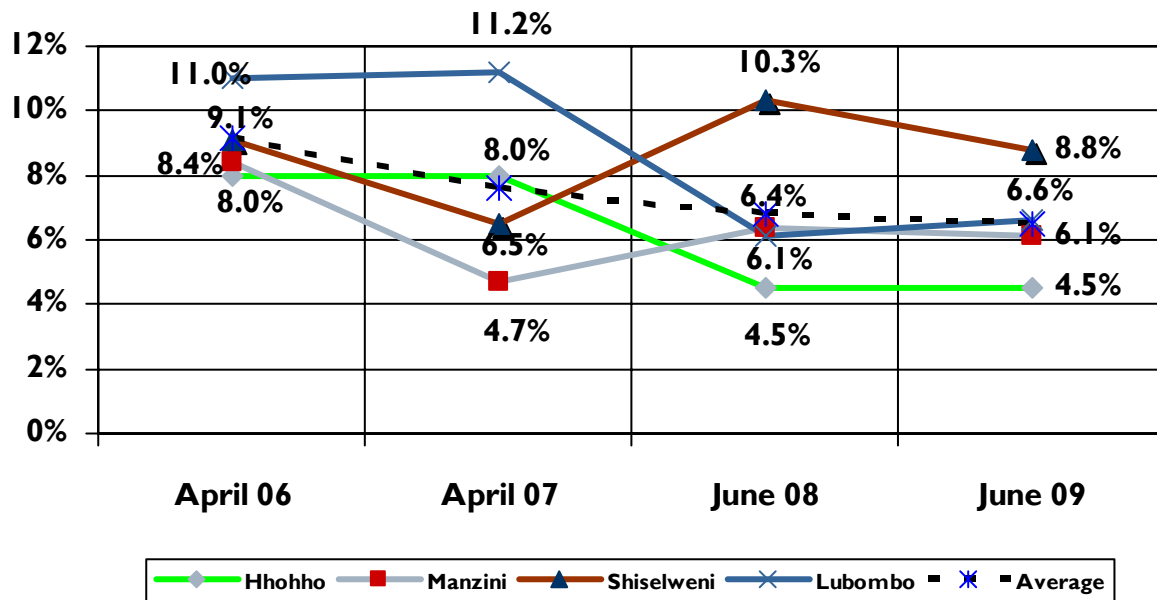


The 2009 assessment showed that children who have had recent diarrhoea were more likely to be wasted (2.5%) than those without (1%).

5.1.3 Underweight

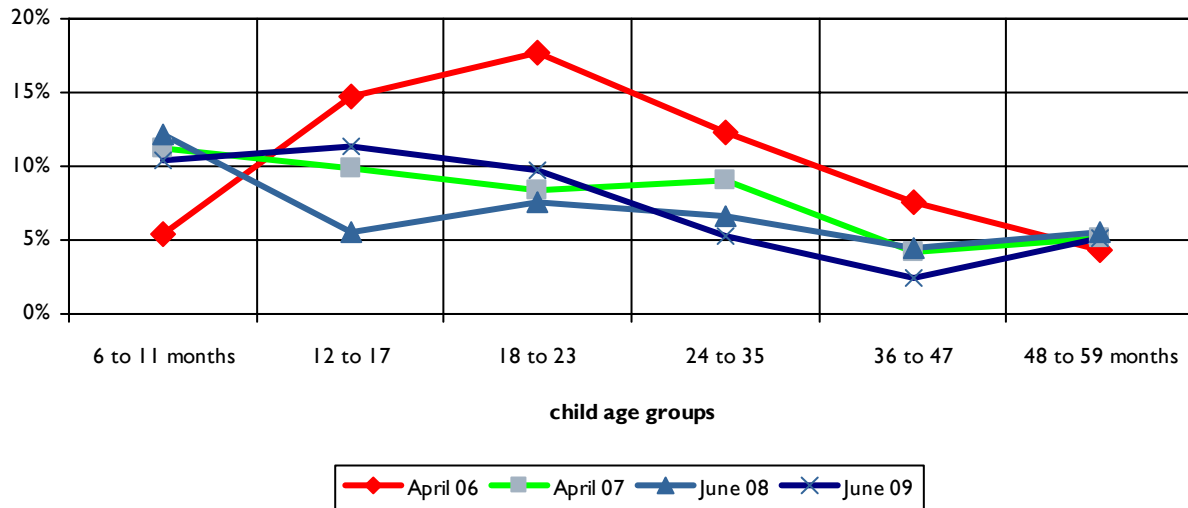
Underweight is an anthropometric indicator that relates weight and height of children. It is classified as a representative proxy of both acute and chronic malnutrition. It is also used to monitor the Millennium Development Targets with an expected average of underweight below 5 percent by 2015. On average, there is an observed decline of underweight from 9.5 percent to around 6.3% in 2009 and this is shown in the graph below.

Figure 15: Underweight Trends by Region from 2006 to 2009



Clearly in 2006 (Figure 16 below), underweight prevalence was increasing as children were getting older between 6 and 11 months, and up to 18 and 23 months age-group; then a significant reduction between preceding age groups up to 48 and 59 months age group. The graph also shows that from 2007 to 2009, the age group 6-11 has been recording the highest prevalence of underweight, compared to the other age groups.

Figure 16: Underweight Trends by age groups from 2006 to 2009

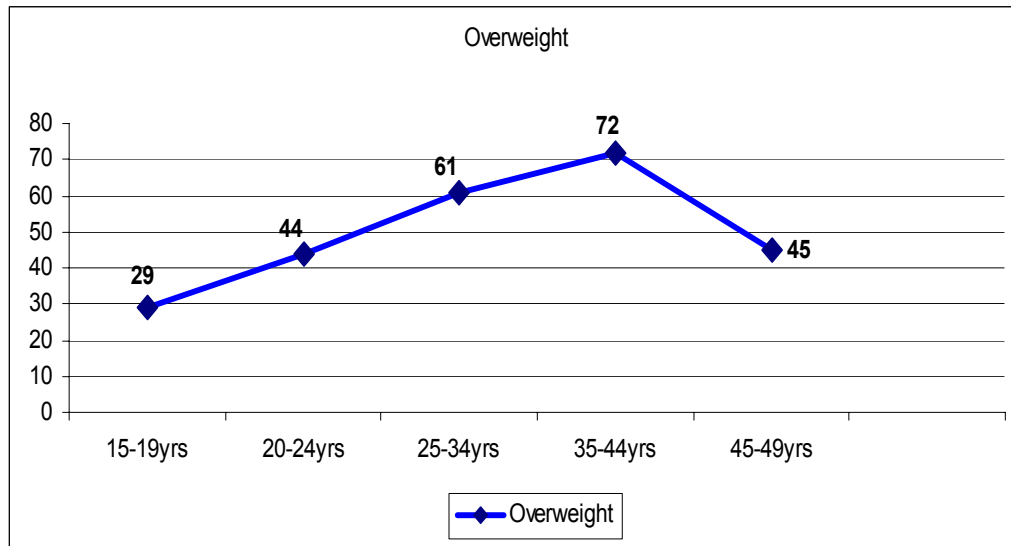


Apart from the age groups, boys showed to be significantly ($p < 0.001$) more likely to be underweight than girls: 11% compared to 1% for girls in 2009. This trend has also been observed in the past years from 2006. While assessment has clearly shown that the girls were more likely to be ill than boys ($p < 0.01$) from childhood illnesses including diarrhoea, fever and ARI. Children with diarrhoea were more likely to be underweight (8.9%) than those without recent diarrhoea (5.8%).

5.1.4 Nutritional Status in Women

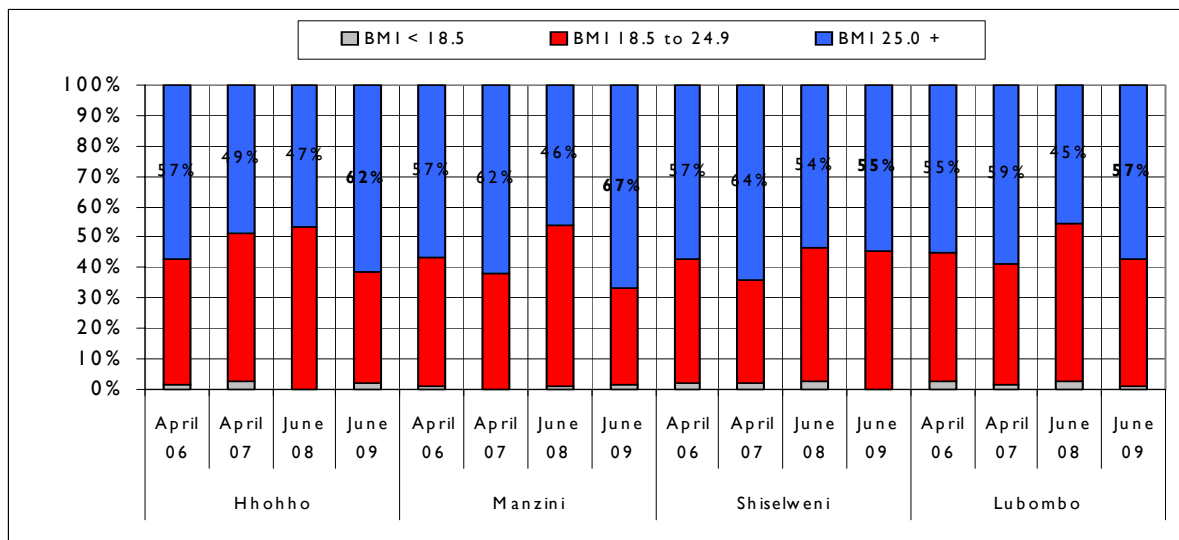
The Body Mass Index (BMI) is used to assess weight and height anthropometric measurements of women in the productive age group 15-49 years. Clearly, there is a relation between age and overweight (BMI>25) from 15 - 19 years age group to 35-44 age group. On average, most of the women in the assessment were more likely to be overweight (>50 percent).

Figure 17: Women Overweight Status by Age-group



Clearly, the trends have also shown that overweight in reproductive women age group has remained an endemic problem from 2006 to 2009 in the country as shown by the graph below. The challenge of high prevalence overweight is in all the regions, all of which have remained above 50 percent. While overweight has remained high, underweight (BMI<18.5) has remained very low in all the regions (<2 percent).

Figure 18 : Women Nutritional Status by Region

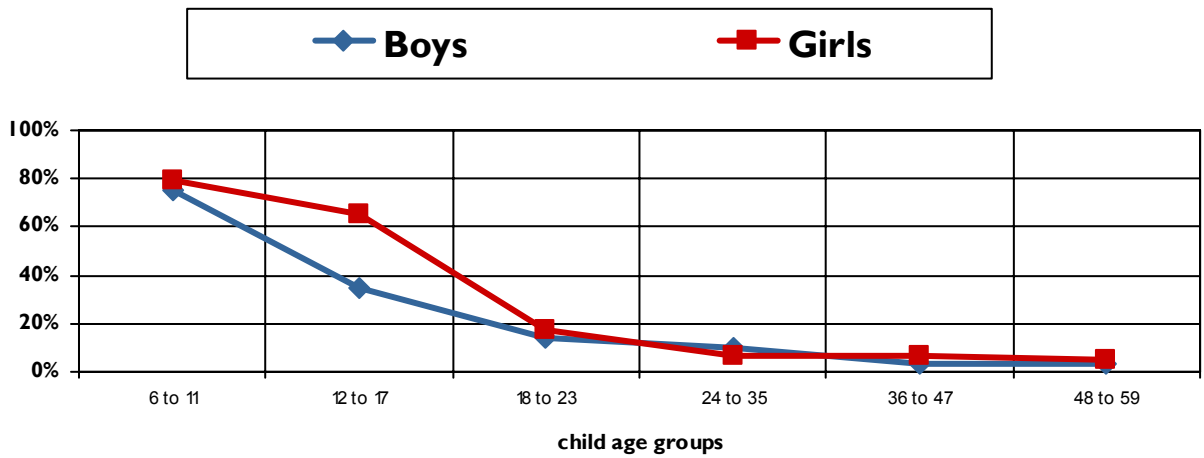


5.1.5 Infant and Young Child Feeding

The country currently encourages mothers to exclusively breastfeed from 0-6 months and continue breastfeeding up to 24 months and beyond with nutritious complementary foods.

It is, therefore, expected that the majority of the mothers should be breastfeeding children with an expected mean duration of 24 months and beyond; but clearly the graph below shows that at six months only about 80% of the infants will still be breastfed. Boys are seemingly weaned earlier than girls, especially within the age group 12-17 months, as shown by a substantial decline in the number of boys who continue to be breastfed to about 35 percent, compared to 65 percent for girls. At the age group 18-23 months, less than 20% of the children will still be breastfed.

Figure 19: Infant and Young Child Feeding



Hygienic practices in feeding children are very critical, and it is recommended that they should be fed on cup and spoon only. Use of bottles is prohibited. In the study, an assessment of feeding utensils used was done, and it was found that a significant proportion used bottles, which proved to be the main risk factor of diarrhoeal infection (25%). It is clear from the assessment that mothers are four times more likely to use cup or cup and spoon compared to bottles as shown by the table below.

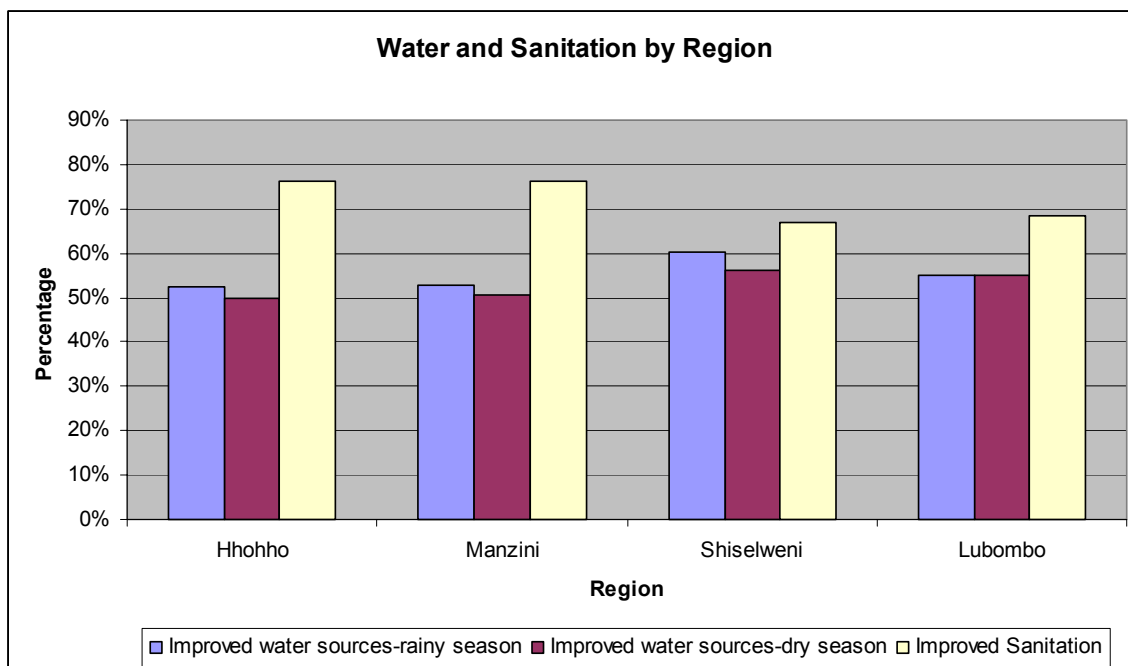
Table 5: Proportion of use of feeding utensils

Feeding Utensils	No. of Users	Prevalence of Diarrhoea
Cup	222	15.3
Cup and Spoon	202	18.8
Bottle	56	25
Other	471	14.4

5.2 Water and Sanitation

Access to quality water both during rainy and dry seasons is still very low in the rural areas of Swaziland. For the 2009 VAC assessment, the percentage of the population with access to quality water stood at 54.9% on rainy season, and 52.6% on dry season. There is not much disparity between the seasons as well as the regions. Something worth noting is that the Shiselweni region has much improved access to quality water compared to the other regions, at 60.1% on rainy season and 56.1% on dry reason. The Hhohho region is the least with access to quality water, both during rainy and dry seasons at 52.6% and 50%, respectively.

Figure 20: Water and Sanitation by Region



On the other hand, access to good sanitation is high at 73%, compared to access to quality of water. The results, however, show that there is no correlation between access to good sanitation and quality water. In regions where access to quality water is high, the opposite is true with access to good sanitation. The Shiselweni region, for instance, has high access to quality water, but access to good sanitation is lowest compared to other regions. There is not much significant difference between the regions on access to good sanitation, though it is high for Manzini and Hhohho (above 70%), compared to Shiselweni and Lubombo (slightly below 70%).

Table 6: Distance to water sources during the rainy season in Kilometres by Region

Region	< 0.5 km (%)	0.5 to 1 km (%)	1.5 to 2 km (%)
Hhohho	17.3	73.3	9.3
Manzini	46.3	46.3	7.4
Shiselweni	56.1	36.9	7.1
Lubombo	28.7	59.0	12.4
Total	36.5	54.5	9.0

The survey also looked at distance to water sources, both during rainy and dry seasons. During the rainy season, the percentage of the rural population travelling a long distance to water sources, that is, more than 1.5 kilometres, is low. A reasonable number of the population travels less than 1 kilometre to water sources; 55% and 37% of the rural population travels less than half a kilometre to the nearest water source.

Table 7: Distance to water sources during the dry season in Kilometres by Region

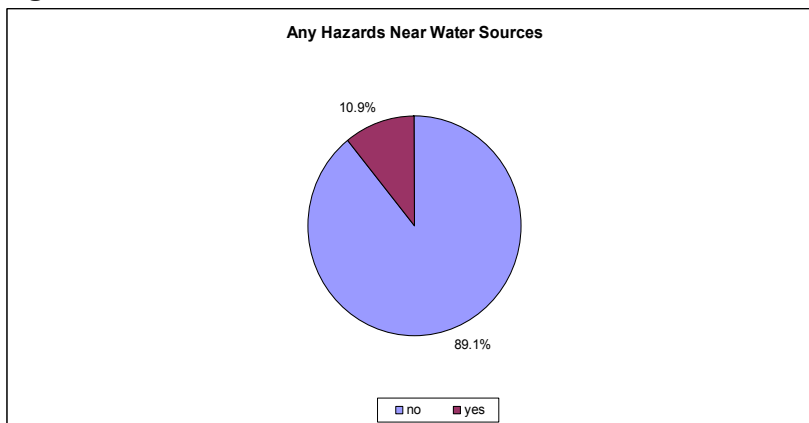
Region	< 0.5 km (%)	0.5 to 1 km (%)	1.5 to 2 km (%)
Hhohho	16.7	75.8	7.4
Manzini	45.3	45.3	9.4
Shiselweni	54.4	39.5	6.2
Lubombo	29.2	57.9	12.9
Total	36.0	55.1	8.8

There is not much difference in the distance travelled by the rural population to water sources during the dry season. The tables above show an insignificant difference, which suggests that people still go to the same sources of water during both seasons.

5.3 Environmental Hazards near Water Sources

Among the sampled rural population, only 11% said there were environmental hazards near their water sources, compared to 89%, who said they had none. Environmental hazards to water sources can put people's lives at risk, especially during outbreaks of water-related diseases. With the cholera outbreak in some parts of the SADC region, in particular neighbouring countries, Swaziland was also vulnerable. Such information would, to a certain extent, assist in controlling the situation well in advance.

Figure 21: Hazards near water sources



Out of the sampled households, 74% reported environmental hazards attributed to solid waste. The Hhohho and Shiselweni regions had a tie of 30%, followed by the Lubombo region. The Manzini region had the least households with environmental hazards, at 3%. When looking at environmental hazards due to liquid waste, the Manzini region was the highest, with 6%; Shiselweni region was lowest, with 2%. This can be attributed to the fact that the Manzini region is highly industrialized compared to any other region.

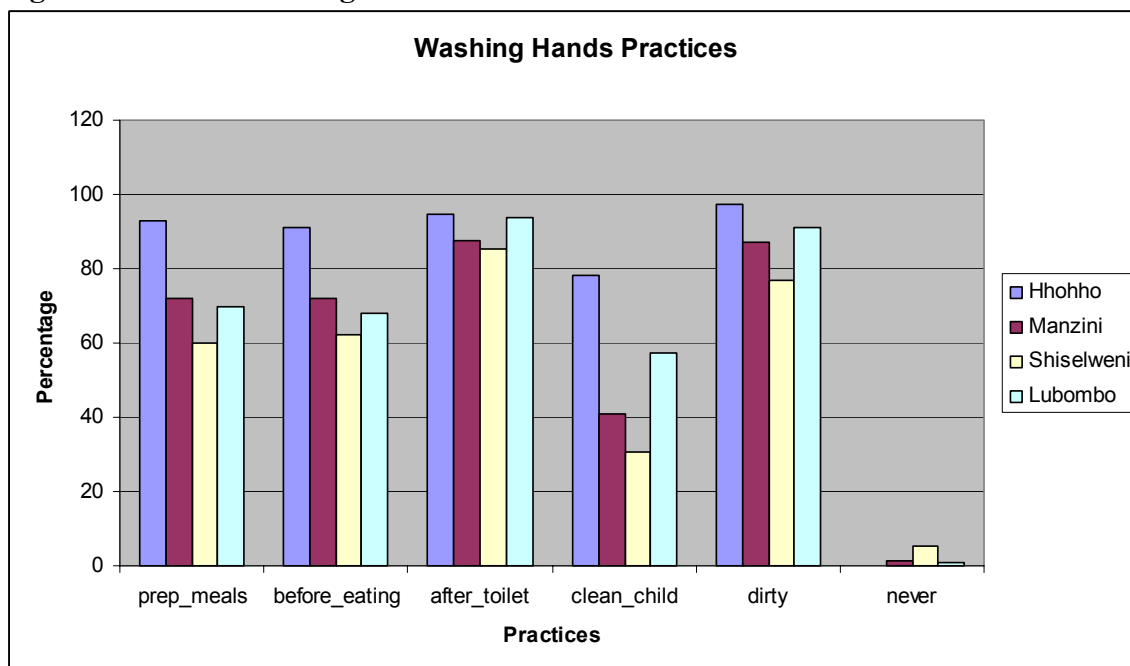
Table 8: Hazards near Water Sources by Region

Region	Solid waste - clinical, hazardous, toxic (%)	Liquid waste - effluent, chemical (%)	Waste water discharge (%)	Sewage discharge (%)
Hhohho	30.0	3.6	3.6	2.7
Manzini	2.7	6.4	0.9	N/A
Shiselweni	30.0	1.8	0.9	0.9
Lubombo	10.9	3.6	1.8	N/A
Total	73.6	15.5	7.3	3.6

5.3.1 Hand-washing practices

In almost all the hand-washing practices, the Hhohho region is the highest followed by Manzini, Lubombo and lastly Shiselweni. Among all the regions, the least practice category is washing hands after cleaning a child, as opposed to washing them after going to the toilets, which shows a high percentage of the population.

Figure 22: Hand Washing Practices



The highest percentage of the population sampled uses water and soap when washing their hands. This stands at 64.9%. Using water and ash to clean hands is not common in Swaziland as proved by a very low percentage of 0.1. A significant number (35%) of the sampled population reported that they used water only for washing their hands.

5.4 Maternal Health Services

Quality maternal health services during pregnancy, at the time of delivery and soon after delivery is important for the mother's health and that of the child.

Findings of this study show near sufficient access to maternal health services by a skilled provider, at 80 % across all households; as also seen in the access to Antenatal Care (ANC) services, where a majority of pregnant women's (about 68.9%) ANC services were provided by a Nurse or Midwife. Only 9% of pregnant women were seen by a doctor for the services.

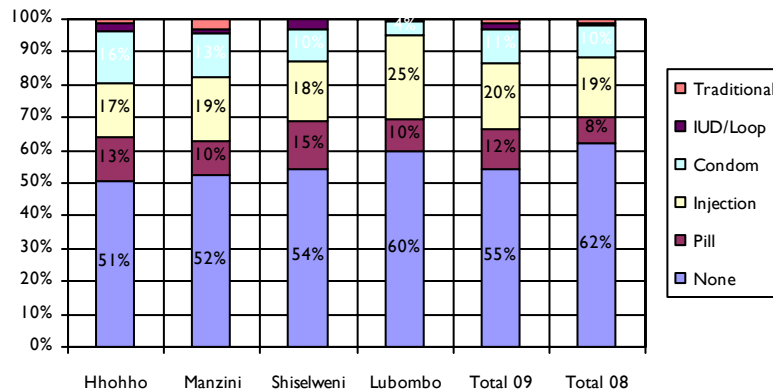
The findings also show that about 20.5% of pregnant women have neither attended any ANC services nor been attended by skilled personnel. Similar trends were observed in the 2008 annual assessment.

5.4.1 Family Planning

According to the 2006-07 SDHS, decisions about beginning sexual activity, marrying, having children, and using contraception directly affect family health and the risk of contracting or transmitting the HIV virus.

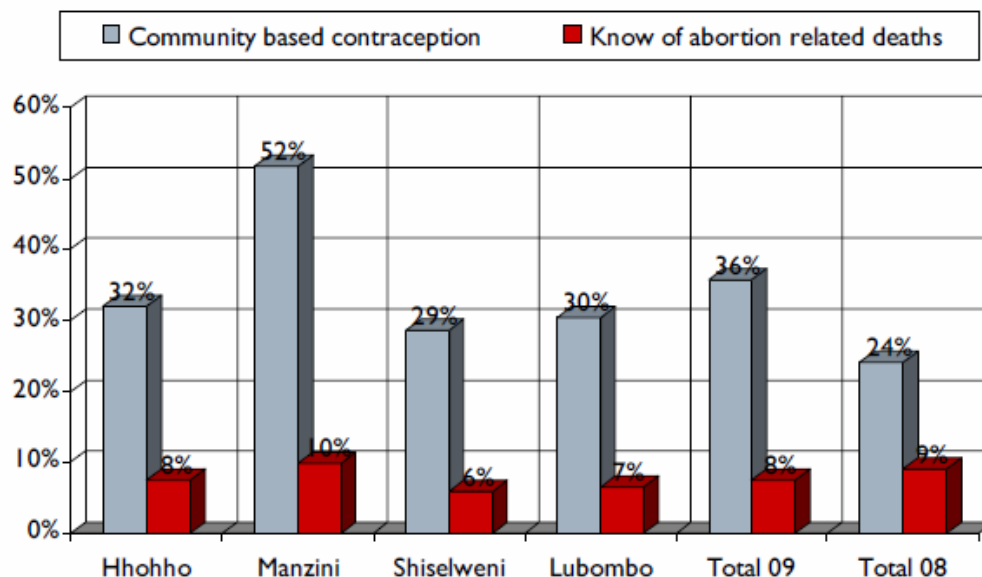
Findings from the study show that about 62% of women do not use contraceptives; only about 8% use the pill as a form of contraception; About 19% use the condom; while about 10% use IUD/Loop and at least 1% still rely on traditional methods.

Figure 23: Access to Family Planning Methods



A component of abortion-related deaths in the household instrument was incorporated with the view of assessing the number of abortion-related deaths in all the regions. This can be used as an indicator of neglect of safe motherhood and reproductive health needs of the poor. Findings from the assessments show that across all the regions, respondents were aware of abortion-related deaths: Hhohho (9%), Manzini (10%), Shiselweni (6%) and Lubombo (7%), (see figure 24 below).

Figure 24: Family Planning Methods



5.4.2 HIV and AIDS

Swaziland has the highest HIV sero-prevalence in the world, currently at 26% of all adults (SDHS 2007). An estimated 7,000 Swazis die annually from AIDS-related illnesses (although this figure is reducing - NERCHA, UNAIDS and GAMET, 2008). Over half of all hospital admissions are for people living with HIV and AIDS; 60,000 Swazis

are in need of antiretroviral drug therapy, and some 25% of all children have been orphaned due to AIDS. Life expectancy has dropped from over 56 years in 1997 to just over 37 years in 2007 (NERCHA, 2007).

5.4.3 The Response to HIV and AIDS in Swaziland

In 1999, the Government declared HIV and AIDS a national emergency. In the past 10 years, Swaziland has significantly strengthened its response to HIV and AIDS, co-ordinated through the National Emergency Response Council on HIV and AIDS (NERCHA). Resource allocation has risen significantly (from 2005 to 2007 expenditure rose from US\$38m to US\$50m). The co-ordination of funds and activities has strengthened, and a more coherent response is emerging. Nevertheless, given that Swaziland has had the highest HIV sero-prevalence for a number of years, it is now facing a mature long-term emergency with serious developmental consequences.

The first National Strategic Plan for HIV and AIDS (Government of the Kingdom of Swaziland, 2001-2005) included impact mitigation as a key component of the national response to HIV and AIDS. However, the plan was heavily focused on Orphans and other Vulnerable Children (OVC), and did not devote sufficient attention to other affected groups.

5.4.4 The Impact of HIV/AIDS on Poverty

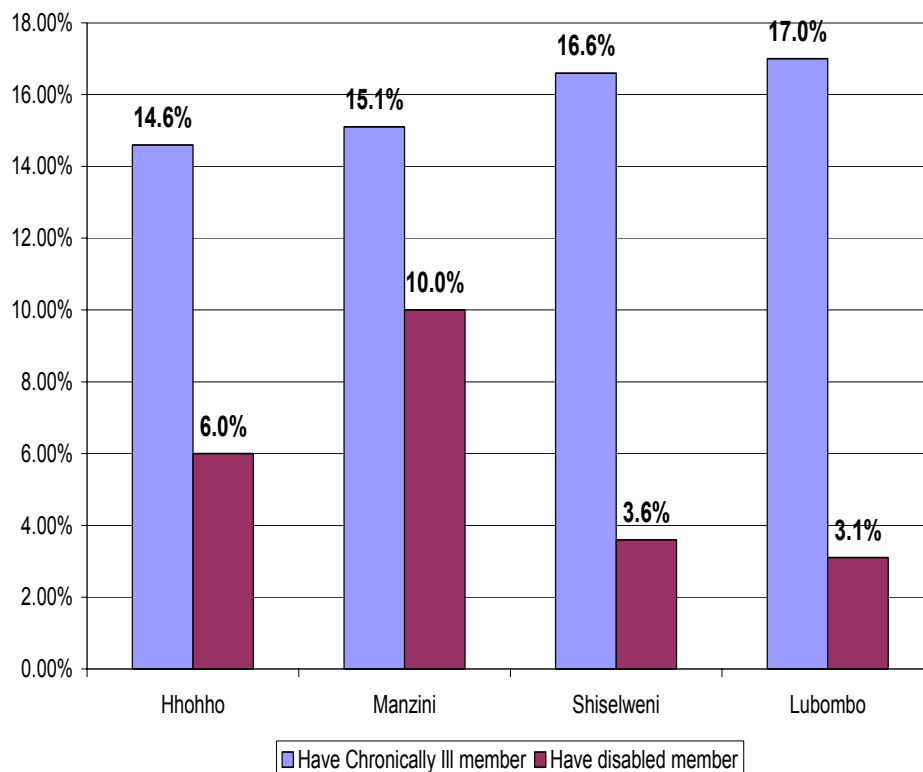
The UNAIDS 2004 *Report on the Global AIDS Pandemic* opens: 'AIDS is an extraordinary kind of crisis; it is both an emergency *and* a long-term development issue'. The epidemic is beyond the epidemiological aspects and encompasses both social and economic dimensions.

The pandemic is the biggest obstacle to the achievement of the development goals agreed to at the UN Millennium Summit in 2000 (UNDP, 2001). It works against the objectives of equity, gender equality and poverty eradication.

While the impact of HIV and AIDS is generally well-documented and understood, considerably less attention has been given to the spread of HIV and AIDS in an emergency/humanitarian crisis setting. It is important to remember, however, that significant work remains to be done in accurately assessing prevalence rates and information related to risk behaviours for HIV in emergency/drought-stricken settings.

It is in this regard that efforts have been made in this study to further integrate HIV and AIDS issues into vulnerability assessment and analyses, without changing the approach of the assessment.

Figure 25: Proportion of House Holds with chronically ill and disabled member(s)



Findings from the assessment show that households with chronic illness (CI) as assessed regionally are at an average of 14.6% in Hhohho, 15.1% in Manzini, 16.6% in Shiselweni; while Lubombo leads with 17%.

5.4.5 The Micro Level: HIV/AIDS, Poverty and Inequality

The greatest impact of the epidemic is felt at the household level, where socio-economic factors combine with socio-cultural and epidemiological variables to influence prevalence (SSRC, 2004). Since socioeconomic indicators, such as poverty and inequality, are both consequences and determinants of HIV/AIDS, they can interact with the epidemic at a household level to perpetuate a vicious downward cycle towards greater indigence.

5.4.6 Long-term Household Costs of HIV/AIDS

There are also more indirect and long-term repercussions of the epidemic on households that are not immediately apparent. Some go beyond the economic sphere, such as grief and increasing stress, which can negatively influence the psycho-social state of children. But there are also potential long-term economic costs. One intergenerational effect is that of diverting household resources from long-term assets to meet short term needs; this influences household savings and investment decisions (Greener, 2004; ILO, 2004).

6.0 Services

During the current year (2009) assessment, the Swazi VAC once again explored the perception of communities regarding services provided by the government and other development partners. As entrenched in the Millennium Development Goals (MDGs) and other national development frameworks (viz. National Development Strategy, Poverty Reduction Strategy and Action Programme), it is crucial to acknowledge the perceptions of the clientele in relation to service delivery. The analysis provides a baseline for concerned actors in service provision to further investigate sector-specific judgements, which reference have been made in these outcomes.

The sectors on which information was generated through Focus Group Discussions include health, education, agriculture and general public services.

The key dimensions for investigation were access, ownership, usage and the level of satisfaction among the different wealth groups; and compared across the four administrative regions of the country. The need to understand and measure the living standards of rural communities enhances the incorporation of the anticipated direction in which they would likely move as a result of socio-economic policy.

6.1 Health Sector

The 2001 Abuja Declaration requires national governments to allocate at least 15% of the national budget to the health sector. This was meant to achieve improved health services in order to attain the globally set targets including the MDGs.

The development of the country's health system is based on the Primary Health Care Approach. The Primary Health Care (PHC) is defined as essential health care made universally accessible to individuals and families in the community, at a cost that the community can afford and utilising appropriate technology. In improving the health status of the population, the health sector continues to realize progress in the control and management of diseases and in the promotion of healthy living through curative services and various public health programmes.

6.1.1 Hospital Services

Table 9:

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better off	21.2	20.5	7.1
Middle	28.3	34.2	4.8
Poor	31.9	23.3	16.7
Very poor	18.6	21.9	7.1

Concerns: Hospital services are too far; offer poor service and have staff shortages.

Ownership: 67.1% is provided by government facilities, while 27.6% is provided by the church and faith-based organizations.

Quality changes over last 5 years: 40.3% think the service is worse now and 35.5% say it has remained the same, while 21% consider the service to have improved.

Regional comparison: Lubombo has the highest level of access at 30.1%, compared to Hhohho (24.8%), Manzini (23.9%) and Shiselweni (21.2%). In terms usage and satisfaction, Lubombo is better than the other regions.

6.1.2 Health Centres

Table 10

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	21.9	18.9	8.3
Middle	27.1	34	10
Poor	33.3	26.4	16.7
Very poor	17.7	20.8	10

Concerns: Too far away, poor service and staff shortages.

Ownership: 88.7% of this service is provided in government facilities.

Quality changes over the last 5 years: 51.2% consider the service to be still the same as before while, 24% think the service has worsened. Another 24% think the service is better now.

Regional comparison: Lubombo has the highest access level (31.3%), compared to Hhohho (25%), Manzini (24%), and Shiselweni at 19.8%. Usage and satisfaction levels are higher in Lubombo.

6.1.3 Clinics

Table 11

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	19.4	18.1	6.4
Middle	28.2	33.3	12.8
Poor	33.0	27.8	17.9
Very poor	19.4	20.8	11.5

Concerns: Too far away; poor service and limited staff.

Ownership: 85.9% of clinic services are provided by government. Only 8.5% is provided by church organizations.

Quality changes over the last 5 years: 42.4% consider the service to have worsened; 35.6% think there have been no changes, while 18.6% view the service to have improved.

Regional comparison: Lubombo has higher levels of access at 31.1%, compared to Hhohho (23.3%), Shiselweni (23.3%) and Manzini at 22.3%. Usage and satisfaction levels are higher in Lubombo.

6.1.4 VCT Centres and Services

Table 12

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	20.4	18.8	14.1
Middle	28.7	34.8	14.1
Poor	31.5	24.6	18.3
Very poor	19.4	21.7	18.3

Concerns: Too far away; limited staff and poor service.

Ownership: 85.3% of VCT services are provided by Government.

Quality changes over the last 5 years: 29.4% believe the service is better now; while 45.1% think it has not changed; 19.6% do not know about the service.

Regional comparison: Lubombo has higher levels of access (29.6%) to these services compared to Hhohho (25%), Manzini (24%) and Shiselweni (21.3%). Usage and satisfaction levels are higher in Lubombo.

6.1.5 Pre/Post Natal Services

Table 13

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	18.8	16.9	16.1
Middle	28.2	39	16.1
Poor	35.3	23.7	16.1
Very poor	17.6	20.3	11.3

Concerns: Too far away and limited staff.

Ownership: This service is mainly provided in Government facilities (81.4%).

Quality changes over the last 5 years: 52.5% think the service has not changed; 22.5% think it has improved, while 17.5% consider the service to have worsened. Another 7.5% indicate lack of knowledge about the availability of the service.

Regional comparison: Lubombo has higher levels of access (38.8%) compared to Hhohho (24.7%), Manzini (24.7%), Shiselweni (11.8%). In terms of usage and satisfaction, Lubombo shows higher levels.

6.2 Education Sector

The right to basic education is enshrined in the National Constitution and it is the right of every child to have access to primary school education. The level of education of a nation manifests itself in the ability to develop skills which are required by industry and understanding basic life dynamics.

6.2.1 Primary School

Table 14

Wealth	Access (%)	Use (%)	Satisfaction (%)
Better-off	20.7	18.5	12
Middle	26.4	34.8	13
Poor	32.2	25	19
Very poor	20.7	21.7	17

Concerns: Too expensive; too far and poor service.

Ownership: Government provides 45% of this service, while 34% are community-aided facilities.

Quality changes over the last 5 years: 40.5% believe the service is better now; 36.5% think there has been no change, while 17.6% say it has worsened.

Regional comparison: Lubombo depicts the highest level of primary school access of 28.1%, followed by Shiselweni, which shows 24.8%. Manzini and Hhohho reflect access levels of 24% and 23.1% respectively. In terms of usage and satisfaction, Lubombo shows the highest level.

6.2.2 Secondary School

Table 15

Wealth group	Access(%)	Use (%)	Satisfaction (%)
Better-off	18.3	14.3	4.3
Middle	27.5	39	14.9
Poor	34.9	26	17
Very poor	19.3	20.8	14.9

Concerns: Too expensive; too far and offer poor service.

Ownership: Government provides 64.4%, while the community provides 22.2%.

Quality changes over the last 5 years: 45.6% think it is the same as before; 36.8% say it has improved and 14.7% think it has worsened.

Regional comparison: Shiselweni has a slightly higher level of access (27.5%) to Secondary school than the other regions, with Lubombo having 26.6%, Hhohho (24.8%) and Manzini (21.1%). In terms of usage and satisfaction, Lubombo shows the highest level.

6.3 Agriculture Sector

Achieving national food security and commercializing agriculture have been the main targets the government of Swaziland has strived to achieve. This is driven by the fact that the sector plays a major role in the livelihoods of the majority of the population.

6.3.1 Extension Services

Table 16

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	21.1	17.8	1.8
Middle	27.4	33.3	8.8
Poor	34.7	31.1	5.3
Very poor	16.8	17.8	1.8

Concerns: Too far; poor service and limited staff.

Ownership: This service is almost entirely provided by government (98%).

Quality changes over the last 5 years: 50% think the service has worsened; 23.8% think the service has not changed, while 19% think the service has improved.

Regional comparison: Access to extension services is higher in Lubombo (31.6%), compared to Manzini (27.4%), Hhohho (25.3%) and Shiselweni (15.8%).

6.3.2 Tractor Hire Services

Table 17

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	21.2	19	1.3
Middle	26.9	31.7	1.3
Poor	31.7	28.6	1.3
Very poor	20.2	20.6	3.8

Concerns: Poor service; too far and too expensive.

Ownership: Government provides 64.7% of this service and is complemented by private -wned tractors, which accounts for 29.4%.

Quality changes over the last 5 years: 53.1% think the service has worsened; 35.9% think the service has not changed, while 7.8% think it has improved.

Regional comparison: Access to tractor services is almost similar across all the regions, but slightly higher in Lubombo (28.8%), followed by Manzini (26%), Hhohho (24%) and Shiselweni (21.2%). Usage is higher in Lubombo (44.4%). Dissatisfaction with the service is higher in Manzini (26.9%), followed by Lubombo (20.5%), Shiselweni (15.4%) and Hhohho (9%).

6.3.3 Agricultural Inputs

The performance of the agriculture industry is dependent on the optimal use of inputs. The proportion of the rural population engaged in agricultural activities makes this sector very important in livelihood support.

Table 18

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	23.4	27.7	4.9
Middle	28.7	36.2	3.3
Poor	33	21.3	6.6
Very poor	14.9	14.9	4.9

Concerns: Too expensive, too far and offer poor service.

Ownership: 56.6% of inputs are supplied by private shop owners within the community, while 24.5% is supplied by the retailers in the major towns. Government provides 9.4%.

Quality changes over the last 5 years: 48.9% think the service has worsened; 31.1% think the service has remained the same, while 8.9% think the service has improved.

Regional comparison: Access to inputs is higher in Lubombo (33%), followed by Hhohho (27.7%), Manzini (26.6%) and Shiselweni (12.8%).

6.4 General public services

Mobile telephone, postal services and public transport were the components of public services investigated and the results are presented as follows:

6.4.1 Mobile telephone services

Table 19

Wealth group	Access(within community)-(%)	Use (regularly)- (%)	Satisfaction (%)
Better-off	19	18.8	7.9
Middle	22	30.4	10.5
Poor	28	23.2	15.8
Very poor	16	11.6	7.9

Concerns: Too expensive and poor reception (service).

Ownership: Mobile telephone services are a privately provided service.

Quality changes over the last 5 years: 41.5% believe the service has not changed; 34% think the service has improved, while 9.4% think the service has worsened.

Regional comparison: Access is higher in Lubombo (29%), compared to Manzini (27%), Hhohho (22%) and Shiselweni (22%). Usage and satisfaction are also higher in Lubombo.

6.4.2 Post Office

Table 21

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	19.4	14.9	8.9
Middle	28.2	29.8	3.6
Poor	34	25.5	8.9
Very poor	18.4	29.8	7.1

Concerns: Too far and offer poor service.

Ownership: Postal services are provided privately by Swazi Post, a subsidiary of the Swaziland Posts and Telecommunications Corporation.

Quality changes over the last 5 years: 56.1% think the service has not changed; 12.2% think the service has improved, while 9.8% think it has worsened.

Regional comparison: Access is higher in Lubombo (32%), followed by Manzini (26.2%), Hhohho (25.2%) and Shiselweni (16.5%).

6.4.3 Public Transport

Table 20

Wealth group	Access (%)	Use (%)	Satisfaction (%)
Better-off	17.5	18.6	3.5
Middle	28.2	31.4	7
Poor	34	27.1	8.1
Very poor	20.4	22.9	3.5

Concerns: Poor service and too expensive.

Ownership: Public transport is a privately provided service.

Quality changes over the last 5 years: 38.5% think the service has worsened; 32.3% think the service has improved, while 27.7% think it has not changed.

7.0 Programmatic Recommendations

- Improving access to food through promotion of production systems such as input price support particularly for those facing acute (transitory) food shortages in the medium term. These should also be targeted towards areas with a production potential such as the Highveld and Moist Middleveld.
- Short term interventions for the acute (transitory) food insecure households should include food/cash assistance. Cash assistance has the potential to stimulate local markets and the ability to meet other immediate basic needs.
- For the chronically food insecure households (those having chronically ill members, elderly and child headed), targeted and sustainable social protection interventions need to be developed and implemented.
- Diversification of livelihood strategies apart from the traditional farming should be considered in light of the prevailing climate change.
- Strengthening research into alternative crops or other genetic resources to enhance livelihood mechanisms/systems.
- Conduct a special study to ascertain the water availability, quality and safety for domestic uses to inform decision makers on possible causes of contamination, (leading to cholera outbreaks, water-borne diseases and other effluents). This would enhance programming on water and sanitation issues.
- Strengthening market data collection and dissemination at the national level to monitor developments with regards to changes in supply and prices.
- Strengthening sexual reproductive health commodity supplies and utilization at community and household levels.
- Decentralize food and nutrition interventions and engage specialized nutrition promotion officers at regional level.
- Identify vulnerable people on Anti Retro-Viral Therapy (ART) and supplement their dietary intake with recommended food basket or provide cash assistance to enhance access to food.
- Scaling up community based maternal and child health services at local level to improve access to high impact interventions.